

# Dr N Essa & Dr M Harrold

## 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 caring?	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 a comprehensive inspection of Dr N Essa and Dr M Harrold in April 2016. At that time we found the practice had made improvements and removed them from special measures. However, a number of concerns were found and the practice was rated as requires improvement for the provision of safe, caring and well led services.

The practice sent us an action plan setting out how the changes they were making to address the issues that led to our concerns. We commenced reviewing data available to us about the practice on 23 November 2016 and returned to inspect the practice on 25 November 2016 to check that the practice had taken the actions they told us they would take in their action plan. We found significant improvement had been achieved. Specifically the practice had:

- Introduced an effective system to record and deal with safety alerts.
- A system in place to review and share learning from significant events.
- Completed DBS checks for all relevant staff.
- Effective systems in place to manage risk.

- Surveyed patients to obtain feedback about the care they received. This resulted in an improved perception of care.
- Taken action to promote the benefits of cancer screening programmes.
- Encouraged patients with caring responsibilities to register their carer role and worked with other organisations to support carers.
- Updated staff appraisals and taken action on the outcomes of appraisals.

The range of improvements made by the practice has resulted in the practice achieving a good rating for provision of safe, caring and well led services and an overall rating of good. This revised rating and the improvements the practice had undertaken were achieved at a time when the practice registered population had increased by approximately 200 in six months.

The area where the provider should make improvement is:

- Ensuring information in different languages setting out the benefits of cancer screening programmes is made available at the earliest possible opportunity. Also ensuring the benefits of cancer screening programmes were promoted at every opportunity.

# Summary of findings

**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 now rated as good for providing safe services. Since our last inspection in April 2016 the practice had completed a range of improvements. For example:

- 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.
- Medicines were managed effectively and safely
- The practice had introduced systems, processes and practices to keep patients safe and manage risk.
- Appropriate systems had been introduced to monitor, act on and record national patient safety alerts.
- Relevant control measures had been put in place to reduce the risk of legionella.

Good



### Are services caring?

The practice is now rated as good for providing caring services. Since our last inspection in April 2016 the practice had completed a range of improvements. For example

- Data from the national GP patient survey continued to show mixed feedback from 117 patients who completed questionnaires.
- A practice survey of 308 patients showed that 87% felt they were given enough time for their consultations and were involved in decisions about their care and treatment.
- The practice was active in promoting the benefits of registering as a carer. There had been an increase of 21 registered carers (from 29 to 50) in the last six months.
- 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.

Good



### Are services well-led?

The practice is now rated as good for being well-led. Since our last inspection in April 2016 the practice had completed a range of improvements. For example

Good



# Summary of findings

- 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.
- A programme of practice meetings was in place and all staff were encouraged to attend and contribute to the development of the practice.
- The practice had developed a sharper focus on health promotion and prevention of ill health.
- Provision had been increased and enhanced by the appointment of a second practice nurse. Staffing levels were kept under review as the practice list size was increasing.
- There was a 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 underpinned by an effective appraisal system.

# 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 people. Since our last inspection in April 2016 the practice had completed a range of improvements. For example

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments could be booked for patients with multiple health needs.
- The practice promoted the benefits of registering as a carer and worked with local groups to support patients who were also carers.
- One of the nurses had enhanced skills in treating patients with ulcers and in undertaking tests to identify patients at risk of developing an ulcer.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Since our last inspection in April 2016 the practice had completed a range of improvements. For example

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The nursing team had been expanded to offer better opportunity to follow up patients diagnosed with diabetes.
- 86% of patients diagnosed with diabetes were achieving target blood pressure which was better than the clinical commissioning group CCG average of 77% and national average of 78%. This performance was achieved with 2% fewer patients than both local and national averages excepted from the indicator
- 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



# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people. Since our last inspection in April 2016 the practice had completed a range of improvements. For example

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 77% of women eligible for cervical screening attended which was similar to the CCG average of 78% but below the national average of 82%. The practice had ordered leaflets in four different languages that explained the benefits of cervical cancer screening.
- 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.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). Since our last inspection in April 2016 the practice had completed a range of improvements. For example

- 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.
- The practice had identified the smoking status of 91% of its practice population aged over 15. This was better than the CCG average of 85% and national average of 88%. Smoking cessation support was available from a counsellor who visited the practice.
- The practice operated a reminder system for patients who had not attended for the national bowel cancer screening programme.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Since our last inspection in April 2016 the practice had completed a range of improvements. For example

- 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.
- 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.
- Annual health checks for patients diagnosed with a learning difficulty were offered and a home visit was available for those who found it difficult to attend the practice.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Since our last inspection in April 2016 the practice had completed a range of improvements. For example

- The practice achieved the 80% target for holding a face to face review with patients diagnosed with dementia. This was 9% below the CCG average. However due to the younger age profile of the practice population there were very few patients diagnosed with dementia and this affected the percentage.
- 94% of patients diagnosed with a severe and enduring mental health problem had their care plan reviewed in the last year which was better than the CCG and national average of 88%.
- 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.

Good





# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Dr N Essa & Dr M Harrold

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was undertaken by a CQC Lead Inspector.

### Why we carried out this inspection

We carried out a comprehensive inspection on 13 April 2016 and published a report setting out our judgements. At that time we found the practice was not meeting the requirements of a regulation. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We undertook a follow up inspection in November 2016 to make sure the necessary changes had been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report.

### How we carried out this inspection

We reviewed information we held about the practice and the evidence they sent us with their action plan of improvements they had completed. We undertook a focused inspection on 25 November 2016 specifically reviewing the provision of safe, caring and well led services at the practice.

During the focused inspection we:

- Spoke with two GPs, a practice nurse, the practice manager and two members of the reception and administration team.
- Undertook observations around the practice.
- Received two CQC comment cards from patients who attended the practice on the day of inspection.
- Reviewed management processes and procedures and looked at records relevant to the management of the service.
- Also reviewed how different groups of patients within the practice population received services.

# Are services safe?

## Our findings

When we inspected the practice on 13 April 2016 we found a range of issues that gave rise to concerns and a rating of requires improvement for provision of safe services. The concerns included:

- Lack of effective systems to receive and act upon national safety alerts.
- An inconsistent approach to sharing learning from significant events.
- Failure to complete DBS checks for staff who undertook chaperone duties.
- Inconsistent management of medicines.
- Lack of an effective system to identify, assess and manage risk.

The practice sent us an action plan telling us about the improvements they would make. At this inspection in November 2016 we found significant improvements had been achieved.

### Safe track record and learning

There was an effective system in place for recording significant events and sharing the learning from such events.

- The practice carried out a thorough analysis of significant events. All significant events were shared with the practice team. The practice had revised their practice meeting structure and included a review of significant events as a standing item on the practice meeting agenda. This had not been in place during the last inspection in April 2016.
- Review of the minutes from three practice meetings showed that the learning from significant events was recorded. If a member of staff missed the meeting they received the minutes. There was an open culture which then enabled staff to seek clarification of the learning from the GP partners or practice manager if they needed greater detail than that recorded in the minutes.
- Staff we spoke with were able to describe significant events that had been discussed and the learning from them. For example, staff told us about an incident where patient information had been sent to another health care provider using a non-secure e-mail address. They

told us how they had learnt to use a practice secure address and check the destination address was also secure. The incident staff told us about was clearly documented in the practice meeting minutes.

We reviewed the system for receiving and acting upon patient safety alerts. This was found to be comprehensive and showed the action taken by relevant staff. GPs we spoke with identified safety alerts they had received in the last six months and were able to demonstrate that they had acted upon them. This system was not in place when we inspected the practice in April. Improvement in safety systems had been achieved.

### Overview of safety systems and processes

The practice had improved safety systems, processes and practices in place to keep patients safe since the last inspection in April 2016.

- During our last inspection we found that staff who had not completed a Disclosure and Barring Service (DBS) check were undertaking chaperone duties. (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). At this inspection the practice provided evidence that three further DBS checks had been completed.
- In April 2016 we found some non-emergency medicines had passed their expiry date and there was not a system in place to ensure this did not happen again. During this inspection we found the practice had introduced a system of recording and checking non-emergency medicines to ensure they were fit for use. We checked six medicines from the non-emergency stock and found them all to be within expiry dates. There was a clear log kept of the expiry dates for these medicines.
- At the April 2016 inspection we found Patient Group Directions (PGDs) had been adopted by the practice but some had been allowed to go out of date. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). During this inspection we checked 20 PGDs. All were in date and had been appropriately authorised and signed by staff administering the medicines to which they referred.

## Are services safe?

### Monitoring risks to patients

The arrangements in place to identify, assess and manage risks to patients had been improved since the inspection in April 2016.

- When we inspected the practice in April 2016 we found the control measures set out in the practice legionella risk assessment had not been followed through. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During this inspection we found the practice held records of the hot and cold water temperatures being checked on a daily basis. None of the temperature checks showed temperatures falling outside of the safe range.
- The practice monitored staffing levels and identified a shortfall in the availability of practice nursing hours. Since our last inspection in April the practice had recruited a second practice nurse. There was a practice nurse on duty every day of the week. The nurse who had been recruited was also a qualified prescriber and was in the process of refreshing their training in this area with a view to recommencing prescribing in the future. This would add an additional service for patients at the

practice. This new member of staff also had advanced skills in wound care that enabled patients to be treated at the practice and avoid trips to other services to have their wounds treated.

### Arrangements to deal with emergencies and major incidents

- When we inspected the practice in April 2016 we found that a member of staff was unaware of the instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All seven staff we spoke with at this inspection were clear on how to use the 'alert button' on the practice system.
- Our inspection in April 2016 identified that the defibrillator was not in an appropriate bag or container to enable it to be easily transported to any room in the practice. At this inspection we found the practice had placed the defibrillator in an easily identifiable bag for quick pick up and movement to anywhere within the building.

# Are services caring?

## Our findings

When we inspected the practice in April 2016 we found that feedback from patients, who took part in the national patient survey, about certain aspects of the care they received was below average. For example in the areas of having sufficient time during consultations, receiving explanations of tests and treatments and in being involved in decisions about their care. The practice did not, at that time, demonstrate that they were acting upon this feedback. We also found that the practice was not active in promoting the benefits to patients with caring responsibilities registering their caring role. Patients with such responsibilities were not receiving advice and support available to them via their GP. The practice had taken action upon our findings and improvements were evident during this inspection.

### Kindness, dignity, respect and compassion

Two patients completed comment cards on the day of inspection. Both were complimentary about the caring service they received from staff at the practice.

Prior to inspection we reviewed the results from the national GP patient survey that was published in July 2016. The survey had been carried out between July and September 2015 and January to March 2016 before our last inspection. Survey forms had been sent to 314 patients and 117 responded. The practice had continued to receive mixed feedback from patients at that time. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.

- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.

Since our last inspection the practice had undertaken their own survey of patient opinion. We looked at the results from 308 patients who had taken part in the survey over a six month period. These showed that in response to the question of whether patients had been given sufficient time, a good explanation of their treatment and been involved in decision making that 87% of the patients were positive about these aspects of their care. This was significantly better than the results of the national patient survey from a larger number of patient participants.

Both the GPs we spoke with had reflected upon their consultation techniques. Whilst they both focused upon ensuring all patients were seen in a timely manner they had become more aware of the feedback patients had given in the past. The practice was promoting the opportunity to book double appointments for patients with complex or multiple conditions. A notice in the waiting area advised that these double appointments could be booked. Both GPs told us that if a patient required more time for their consultation they would book a second appointment for the patient to return as soon as possible once they had ensured the patient's condition was not requiring immediate treatment.

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

When we inspected in April 2016 we found that the practice's computer system identified 29 patients as carers (approximately 0.6% of the practice list). Since the April inspection the practice had undertaken a drive to identify and register patients with caring responsibilities. At this inspection we found that the number of carers registered had increased to 50 (just over 1% of the practice list).

The practice continued to promote the benefits of registering as a carer. A range of prominent posters were displayed in the waiting area advising patients of the benefits of registering and how to do so. Liaison with local carers groups had increased. An event was scheduled for the Tuesday after our inspection when members of the Reading and West Berkshire Carers hub were attending the practice to meet with patients and offer help and advice to carers. Significant improvement had been achieved in promoting the benefits of registering as a carer and increasing the number of carers on the practice register.

## Are services caring?

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

# Are services well-led?

Good 

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

## Our findings

The inspection undertaken in April 2016 found that leadership and governance systems and processes were weak in some areas and operated inconsistently in others. For example, risk assessment and management had not identified expired non-emergency medicines, out of date PGDs or failure to take legionella control measures. Leaders had not been aware of patient feedback and had failed to implement systems to promote cancer screening programmes. Involvement of staff in the development of the service was inconsistent. Staff meetings were held intermittently and records of the meetings lacked detail.

At this inspection we found improvements had been made. Clinical governance processes and management systems had been strengthened.

### Governance arrangements

The inspection in November 2016 found further improvements in governance of the provision of care and treatment to patients.

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been improved. Systems had been put in place including:

- Monitoring and stock control of non-emergency medicines.
- Regular checking and updating of PGDs
- Control measures to reduce the risk of legionella.
- Undertaking all relevant recruitment checks on staff.
- Ensuring all staff knew how to summon assistance in an emergency.
- Recording and acting on national patient safety alerts.

The GP partners demonstrated a sharper focus on health promotion and prevention of ill health. Including:

- A commitment to improving the uptake of cancer screening programmes among registered patients. Leaflets in four different languages had been ordered from the local CCG. A system of calling patients who failed to attend for bowel screening had been introduced in the last six months. The GP spoke to any

patient who had failed to attend to inform them of the benefits of this screening programme and offered to provide further written information about these benefits.

- A programme to deliver annual health checks for patients diagnosed with a learning difficulty had been put in place. The practice was aware of two of these patients who found it difficult to attend the practice for appointments. A plan was in place to encourage their attendance by involving carers but if they could not attend the GP would visit them at home to carry out the health check.

### 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. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. They also told us that there was a more open and inclusive culture within the practice with a more structured approach to staff involvement via practice meetings. This had not been demonstrated at the inspections in August 2015 and April 2016.

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

- Staff told us the practice held regular team meetings. We reviewed minutes of these meetings that showed staff were fully involved in discussions. The meeting minutes were well structured and had standing agenda items to keep staff informed of learning from both complaints and significant events.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and the practice manager. 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.

# Are services well-led?

Good 

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

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

The previous inspections in August 2015 and April 2016 found that the practice was not responding to or encouraging feedback from patients. At this inspection we found the practice proactively sought patients' feedback.

- The practice had gathered feedback from patients through an ongoing patient satisfaction survey. We reviewed the results from six months of the survey and this showed an improving picture in patient satisfaction with the service received from the practice. A total of 308 patients had completed surveys. The practice used the information to improve services. For example, appointing a second nurse to increase availability of appointments with practice nurses. The number of patients who would recommend the practice was above 80% compared to the national survey result of 70%.

## Continuous improvement

There was a focus on learning and improvement at all levels within the practice. Appraisals undertaken since the April 2016 inspection showed staff had development and learning plans in place.

The practice had appointed a second experienced practice nurse to improve and expand the services available to patients. The new member of staff had additional skills that complimented the existing practice team.

The staff appraisal system had been changed and records we saw showed that staff were involved in setting their training and development targets. Staff received a mid-year follow up on their learning needs to monitor progress and assess whether support was needed to access training opportunities.