

Chatham Street Surgery

Quality Report

The Surgery
121 Chatham Street
Reading
Berkshire
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Website: www.chathamstreetsurgery.co.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Chatham Street Surgery was first inspected on 5 August 2015. At that inspection the practice was found to have breached regulations and was rated inadequate. The practice was placed into special measures and issued with a warning notice in respect of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

A second announced inspection was undertaken on 5 April 2016 to follow up the actions the practice stated it had taken to improve services for patients. Whilst improvements had been made the practice remained rated as inadequate. CQC instituted further enforcement action in accordance with our enforcement procedures. Because six months had elapsed we returned to assess the improvements the practice told us they would make.

Consequently we carried out a further unannounced comprehensive inspection at Chatham Street Surgery on 30 September 2016. Overall the practice is now rated as requires improvement. Specifically it is rated requires improvement for provision of safe, effective and caring services, good for provision of responsive services and

inadequate for being well led. (CQC methodology includes for consideration of further enforcement action when a practice in special measures has any one rating of inadequate arising from an inspection).

During the inspection we found improvements made included:

- Staff were clear about reporting incidents, near misses and concerns and there was evidence of learning and communication with staff.
- Care plans were in place, or identified for updating, for those patients that needed additional help and support with their care and treatment.
- A health and safety policy was in place and a range of risk assessments had been completed.
- Appointment systems had been reviewed and updated. This had resulted in an improvement in patient feedback in regard of obtaining appointments at suitable times.
- Patient feedback, from local surveys, had improved in relation to being treated with compassion, dignity and respect. Patients were also positive about seeing or speaking with their preferred GP.

Summary of findings

- Patient outcomes had improved and the practice had identified groups of patients who would benefit from additional support and review to better manage their medical conditions.

We also found that:

- Monitoring had not identified risks found in two waiting rooms where trailing wires were present and a failure to secure blank prescriptions in one consulting room.
- There was potential risk to patients because clinical governance systems were weak and relied heavily upon one GP. On call duties were not equitably shared between GPs and
- There was a risk of patients not receiving appropriate advice, treatment and care because information provided from other health and social care providers was not entered in patient records in a timely manner.
- The practice remained dependent on locum GPs which meant that the GP partners were responsible for the majority of management of clinical governance systems and processes.
- Whilst the practice had identified the need to improve standards of cleanliness these had not been achieved. Inspectors found two areas of the practice where appropriate cleaning standards had not been met.
- Staff understanding of the processes and procedures required by law to assess the capacity of patients to understand and consent to care and treatment was inconsistent.
- Audits were undertaken but only one of these had resulted in follow up to check whether action had been taken to improve patient outcomes.

The areas where the provider must make improvements are:

- Ensuring the systems in place to assess, monitor and mitigate the risks relating to the health, safety and

welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities are operated effectively. Putting in place governance arrangements that enable systems to be managed and reviewed to ensure the needs of the registered patients are met.

- Ensure the systems for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated are operated consistently.
- Ensure that care provided is person centred taking account of the patients' ethnicity, vulnerability and preferences.
- Ensuring that patients are given opportunities to make informed choices regarding their care including the benefits of taking up health promotion and prevention of ill health opportunities.

The area where the provider should make improvement is:

- To implement an effective system to promote the benefits of registering as a carer with a view to increasing the number of carers registered.

This service was placed in special measures in August 2015. Insufficient improvements have been made such that there remains a rating of inadequate for provision of well led services. However, improvements have been made in other areas of service provision. We are therefore keeping the practice in special measures. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by varying the provider's registration to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Whilst some improvements had been achieved since the inspections in August 2015 and April 2016 the practice is rated as requires improvement for providing safe services.

- The practice undertook the required audits of control of infection measures. These included monitoring of the cleaning standards. However, dust and dirt was found in two treatment rooms.
- Assessment of the premises had not identified trailing cables in both waiting rooms trailing cables that had not been made secure. These had become insecure from their cable clips and were at a height where a child could tamper with them. Both posed a risk to patients in the waiting rooms.
- The safe keeping of blank prescription forms was not operated consistently. A consulting room door was left unlocked and the key to the prescription printer was left in the lock.

There were examples of good practice. Such as:

- A health and safety policy was in place. Risk assessments that were not available at the previous inspections were completed. For example, an environmental assessment, legionella assessment and asbestos assessment.
- Staff awareness of and training in safeguarding had been improved. Staff told us how they were vigilant for signs of potential abuse and were clear on how to report their concerns.
- Appropriate medicines and equipment were in place to deal with medical emergencies. Staff had been trained in the use of the equipment.
- A fire risk assessment was in place and appropriate fire safety arrangements were operated.
- New impermeable flooring was being installed in treatment rooms to support ease of cleaning and reduce risk of cross infection.
- Relevant and appropriate recruitment checks had been carried out for new staff. These had not always been completed when we inspected the practice in the past.
- National safety alerts were disseminated and recorded using a system introduced since the last inspection in April 2016.

Requires improvement



Summary of findings

Are services effective?

Whilst some improvements had been achieved since our inspections in August 2015 and April 2016 the practice is rated as requires improvement for providing effective services.

- Clinical audit was undertaken but this had been recently commenced. One completed audit cycle had been undertaken.
- The practice had not assessed their lower than average performance in identifying patients who smoked and offering advice on the benefits of stopping smoking.
- Childhood immunisation rates for those aged 12 and 24 months were below national averages. For children aged under two rates were similar to the local averages but below national average (85% to 90%, CCG average 85% to 92% and national average 73% to 95%).
- The take up of cervical, breast and bowel cancer screening amongst eligible patients was lower than average.
- There was a focus on dealing with existing health problems. The practice was not proactive in delivering health promotion programmes.

However, there were some examples of good practice;

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes in 2015/16 were similar to local and national averages. This showed an improvement of 19% on the achievement in 2014/15.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment for known health conditions.
- 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.
- The practice had commenced a programme of home visits to undertake scheduled health care reviews and agree care plans. This was targeted at those patients who found difficulty in attending the practice.

Requires improvement



Are services caring?

Whilst some improvements had been achieved since our inspections in August 2015 and April 2016 the practice is rated as requires improvement for providing caring services.

Requires improvement



Summary of findings

- Data from the national GP patient survey showed an improving opinion of delivery of caring services. More recent data from an ongoing patient survey was positive about several aspects of care.
- Patients, who took part in the practice survey, said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

However,

- Information for patients about the services available was easy to understand and accessible for those whose first language was English. There were a large number of patients registered from differing ethnic backgrounds yet no information leaflets were available in alternative languages. Since inspection the practice told us they have sourced leaflets in both Urdu and Nepalese which were made available to patients. The practice had identified these as languages spoken by a number of registered patients.
- The practice was not aware of the prevalence of patients with caring responsibilities in the local community. Only 0.5% of the practice population were registered as having caring responsibilities.

Are services responsive to people's needs?

The practice had made improvements since our inspections in August 2015 and April 2016 it is now rated as good for providing responsive services.

- The practice had reviewed their appointments system and made more appointments available. Patient feedback in a local survey of 274 patients showed patients were positive about obtaining appointments on a day and time that suited their needs.
- In recent months 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. This had improved since our previous inspections.
- Appointments were available from 7am every weekday. These assisted patients who found difficulty attending during the normal working day.
- The practice was improving their facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Additional nursing staff had been appointed in the last six months to enhance the range of appointments available. A nurse practitioner was able to see patients with minor illnesses. This service was not available when we inspected the practice in April 2016.
- Learning from complaints was shared with staff and other stakeholders.

However,

- The practice was unable to demonstrate that they reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Both reported limited engagement from earlier in 2016.
- Information about how to complain was available but was not provided in languages other than English. The practice had a higher than average number of patients registered from different ethnic groups. Since inspection the practice told us they have sourced leaflets in both Urdu and Nepalese which were made available to patients. The practice had identified these as languages spoken by a number of registered patients.

Are services well-led?

The practice has made insufficient improvement since our inspections of August 2015 and April 2016 and remains rated as inadequate for being well-led.

- The delivery of high-quality care was not assured by the leadership, governance or culture in place. The governance arrangements and their purpose were weak. The information that was used to monitor performance or to make decisions was weak, and leaders did not have the necessary capacity to lead effectively.
- The practice had limited engagement with the CCG and NHS England leading to a focus on day to day delivery of services and limited assessment of future health needs.
- The programme of clinical governance meetings had been formalised and there were records of these meetings. However, the practice had not identified the dependence on the two partners as a risk to the resilience of their clinical governance processes. The practice has told us since inspection that they have appointed an additional part time partner and revised the duty GP rota to reduce time pressures on the full time GP partner.

Inadequate



Summary of findings

- Leaders at the practice had not identified lower than average performance in some areas of promoting healthy lifestyles and national screening programmes. Efforts were directed at treatment of illness and improvement in treatment of patients with long term conditions rather than prevention.
- There was a developing culture of identifying, assessing and managing environmental and general management risks. However, some risks had gone unnoticed. For example there were trailing cables in both waiting rooms and cleaning standards in two treatment rooms were not meeting appropriate standards. The practice told us that since inspection these concerns had been addressed.

There were some examples of good practice,

- Staff reported an improved management support structure and a growing culture of involving them in the way the practice was managed.
- The practice had a number of policies and procedures to govern activity. These were regularly reviewed and were available to staff.
- The practice actively sought feedback from patients by running an ongoing patient survey.
- Patient feedback was improving.
- Staff training had been formalised and objectives were set based on day-to-day discussions and annual appraisals.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the provision of safe, effective and caring services. It is also rated as inadequate for provision of well led services. These ratings affect the delivery of service to all patient groups.

- The practice had a predominately younger patient group registered. However, it offered personalised care to meet the needs of the older people in its population. Many of the older patients were registered with one GP and longer appointments were offered by this GP to meet their needs.
- Admission avoidance plans were in place for those older patients recognised as at risk of hospital admission.
- Consulting and treatment rooms were accessible to older patients on the ground floor of the practice.
- The practice had improved the treatment of older patients who had suffered a fragility fracture due to a diagnosis of osteoporosis. All these patients were receiving appropriate medicines.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice had not developed a long term strategy for delivery of care to this patient group.
- The number of patients attending for bowel cancer screening was below average.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the provision of safe, effective and caring services. It is also rated as inadequate for provision of well led services. These ratings affect the delivery of service to all patient groups.

- Since the appointment of a nurse practitioner the practice had strengthened the lead roles of nurses in chronic disease management.
- Patients at risk of hospital admission were identified as a priority. When we inspected in April 2016 care plans were found to lack detail and were sometimes comprised of hospital discharge summaries. The care plans we reviewed showed improvement and identified agreement to the plan from the patient.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- 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.
- Nationally available data showed an improvement in outcomes from 2014/15 to 2015/16 for this group of patients. For example In 2014/15 performance for diabetes related indicators was worse than both the clinical commissioning group (CCG) and national averages. The practice achieved 67% against the CCG 80% and national 89%. 2015/16 data showed a practice improvement of 21% to 88%.

Families, children and young people

The practice is rated as requires improvement for the provision of safe, effective and caring services. It is also rated as inadequate for provision of well led services. These ratings affect the delivery of service to all patient groups.

- 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.
- 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 uptake amongst eligible patients for the cervical screening programme was 78%, which was comparable to the CCG average of 77% but below 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.
- Childhood immunisation rates for children aged under two were similar to the local averages but below national average (85

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the provision of safe, effective and caring services. It is also rated as inadequate for provision of well led services. These ratings affect the delivery of service to all patient groups.

Requires improvement



Summary of findings

- The practice offered appointments from 7am every weekday. This assisted patients who worked and found difficulty attending during the working day.
- Local survey results showed an improving satisfaction with appointment availability and continuity of care.
- The practice offered online services.
- Health promotion and screening were available but performance in delivering health promotion programmes was inconsistent. Nationally reported public health data showed the practice achieved 85% of the indicators relating to identifying smokers and giving stop smoking advice. This was below the CCG average rate of 91% and national average of 95%.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the provision of safe, effective and caring services. It is also rated as inadequate for provision of well led services. These ratings affect the delivery of service to all patient groups.

- 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. A programme of visiting patients with a learning disability to undertake their annual health review had commenced. Previously take up of annual health checks for this group had been limited.
- The practice 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.
- The practice held a carers register but the number of patients on the register did not reflect the census data for the area. National data reported prevalence of people with a caring responsibility of 9% and the practice register had 0.5% of patients in this group. Staff to call patients identified in vulnerable groups to enquire about their carers. The practice also told us they had enlisted the aid of their PPG members to help boost the register. Discussions with PPG members had

Requires improvement



Summary of findings

commenced to set-up a user group for carers, to spread the word about the various help and support services available to them. The practice advised that these discussions had started prior to inspection.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the provision of safe, effective and caring services. It is also rated as inadequate for provision of well led services. These ratings affect the delivery of service to all patient groups.

- Data from 2015/16 showed the practice had achieved all the indicators for the care of patients with severe and enduring mental health problems and dementia. Because this data had yet to be validated we were unable to review each individual indicator.
- Due to the young age profile of the practice population there were few patients diagnosed with dementia. Those diagnosed were referred for additional support and advice. The practice worked with other professionals to co-ordinate their care.
- When we inspected in April 2016 we found care plans for patients with long term mental health problems lacked detail and were not always agreed with the patient. At this inspection we found improved care plans that followed a nationally agreed format.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and came from a survey period of July to September 2015 and January to March 2016. The results showed mixed feedback from patients compared to local and national averages. A total of 341 survey forms were distributed and 108 were returned. This represented 1.6% of the practice's patient list and a 32% response rate.

- 57% (an 8% improvement from the last survey) of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.

- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and

Because this was an unannounced inspection we did not distribute CQC comment cards in advance of the inspection visit. We reviewed a sample of 50 patient satisfaction questionnaires collated by the practice that had been completed by patients in the last two months. We also looked at a summary of patient responses to the questionnaire compiled by the practice from earlier in 2016. This included 224 responses.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice made the friends and family recommendation test available to patients. The last nationally reported results from 133 patients who completed this questionnaire showed 83% would recommend the practice to others.

Chatham Street 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 advisor and an inspection manager.

Background to Chatham Street Surgery

Chatham Street Surgery is located in a purpose built health centre and is situated near to Reading town centre. There are approximately 6,800 registered patients. Chatham Street Surgery is one of 20 practices within South Reading Clinical Commissioning Group (CCG). (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).

The practice has a mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds with no specific background being prominent due to the variety of cultures in Reading. There are a large proportion of the patients who speak English as a second language. The practice also provides care to asylum seekers, homeless, refugees and the travelling community. People living in more deprived areas tend to have greater need for health services. The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes. In agreement with the CCG the practice has ceased registering new patients since May 2016.

The practice population has a higher than national average patient group aged between 25-34, with a number of patients being working professionals. However, ten percent of the practice population has a working status of unemployed compared to the national average of 6.2%.

There are six GPs (four male and two female) at the practice comprising of two partners and four salaried GPs. One of the male partners worked 8 sessions each week and the other worked two sessions a week. The practice also has one long term locum GP. The all-female nursing team consists of a nurse practitioner, two practice nurses and a health care assistant with a mix of skills and experience.

The practice management function is shared with a practice from the Midlands and comprises a team of three. The management team are supported by nine administrative staff who undertake the day to day management and running of the practice. The practice has a Personal Medical Services (PMS) contract. (A PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

During the last three years the practice has undergone a significant amount of change, changes in partners, instability and a lack of clear leadership and management.

The practice is open between 7am and 6.30pm Monday to Friday. Appointments are offered from 8.30am to 12.40pm every morning and afternoon clinics commenced at 12pm with the last appointment at 5.30pm daily. Extended hours appointments were offered every weekday morning from 7am.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed

Detailed findings

by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: 121 Chatham Street, Reading, Berkshire, RG1 7JE

Why we carried out this inspection

Chatham Street Surgery had been inspected in August 2015 and April 2016. At both inspections our judgement rated the practice as inadequate overall. The practice was placed into special measures and CQC had commenced further enforcement action. As six months had passed since the last inspection we carried out an unannounced 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 had made improvements to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide an updated rating for the service under the Care Act 2014.

How we carried out this inspection

This was an unannounced comprehensive inspection. Before visiting, we had received information about the practice from NHS England and South Reading Clinical Commissioning Group. We did not approach Reading Healthwatch for information due to the nature of the inspection. We carried out the unannounced visit on 30 September 2016. During our visit we:

- Spoke with four GPs, three members of the practice nursing team, the practice manager and three members of the administration and reception staff.

- We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

When we inspected the practice in April 2016 the practice processes used to underpin safe delivery of services were inconsistent. Certain risk assessments and safety documentation were either not made available to us or we could not identify if they were relevant to the systems in operation at that time. During this inspection we found an improvement in delivery of safe services and the recording of the processes that staff needed to operate safe delivery of services to patients. However, some risks to patients had not been identified and required improvement.

Safe track record and learning

There was a 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 and in a master folder of procedures and policies. 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).
- The practice had not identified any significant events since our inspection in April 2016. However, staff were able to tell us about concluding a significant event that was open at the time of the last inspection. There was a record of this event being closed after it was shared with relevant members of the practice team. The records we reviewed at our last inspection showed 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the investigation of a possible missed home visit had been recorded and found that the patient had been seen in a timely manner. We noted that the practice had implemented a system of one of the practice nurses contacting all patients who requested a home visit had

been implemented. They then entered all requests into the patient records to ensure the visiting GP had comprehensive information before undertaking the visit or taking other action to support the patient.

When we inspected the practice in April 2016 we found that the system used to ensure action was taken in response to national safety alerts was not operated effectively. At this inspection we found that safety alerts were reported at the weekly clinical team meeting and actions allocated to relevant staff. For example, medical equipment alerts were dealt with by the nursing team. Most GPs we spoke with were able to recall dealing with medicine alerts.

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 and nurses were trained to child protection or child safeguarding level three. Training records showed that administration staff were trained to level one and all staff had undertaken safeguarding of vulnerable adults training. When we inspected in April 2016 some staff were unclear who the safeguarding lead was for the practice. Staff we spoke with at this inspection were confident in how they would deal with any suspicions of abuse and who to report concerns to.
- A notice in the waiting room and in consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an

Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff appointed since our inspection in April had also received these checks.

- Our observations found that appropriate standards of cleanliness were not maintained in all areas. The practice was in the process of replacing flooring in clinical areas and refurbishing the treatment room used by the phlebotomist on the first floor. We found a residue of dust and dirt in this room near to the chair used by patients when having a blood test. There was also dust identified around the treatment couch area in the ground floor treatment room. 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 infection control protocol in place and staff training records showed that they 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. Following the inspection the practice told us that they had appointed new cleaning contractors with the aim of improvement in cleaning standards. The audit had not identified that the bins used to hold clinical waste awaiting collection were not secured to a wall or other fixed structure. These bins were held in the corner of the practice car park. The practice told us that this area was locked when the practice was closed thus making unauthorised access difficult.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice mostly kept patients safe. We checked a sample of medicines held for both general and emergency usage. Those we checked were in date and fit for use. However, during these checks we found out of date test materials, specifically test swabs that expired in August 2016, and containers used to hold blood samples. These were removed before the inspection was concluded but the monitoring processes employed by the practice had not identified these materials prior to the inspection. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems

in place to monitor their use. However, we noted that the door to one of the consulting rooms was not locked during the morning of our inspection. The key that secured the printer holding blank prescriptions was left in the printer's lock. Consequently the prescription papers could have been removed or tampered with due to the reduced security. Since the inspection the practice has told us that key pad locks had been installed on all clinical rooms. When GPs and nurses left these rooms the doors automatically locked. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- When we inspected the practice in April 2016 we found some recruitment checks had not been completed. The practice sent us evidence following the inspection to confirm that these had been addressed. The required information was therefore included for staff recruited prior to April 2016. At this inspection we reviewed two personnel files for staff that had joined the practice since April. 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

The practice had improved their assessment and management of risk. However, our observations at inspection showed that some environmental risks had not been identified by the practice.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. When we inspected the practice in April 2016 the practice did not provide us with a risk assessment for the premises. This was reviewed during the inspection on 30 September 2016. It covered all areas of the practice. However, our observations in both

Are services safe?

ground and first floor waiting rooms found trailing cables that had not been made secure. These had become insecure from their cable clips and were at a height where a child could tamper with them.

- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- When we inspected in April 2016 the legionella risk assessment and asbestos risk assessment were not completed. At this inspection we found both assessments were in place and control processes undertaken such as water sampling were undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. At the time of our inspection in April 2016 the practice had identified the need to enhance skill levels for the nursing team. At this inspection we found a nurse practitioner and a health care assistant had been appointed and were approaching completion of three months in post.

Arrangements to deal with emergencies and major incidents

When we inspected Chatham Street Surgery in April 2016 there were inconsistencies in the arrangements to deal

with emergencies. At this inspection we found the practice had made improvements and appropriate arrangements in place to respond to emergencies and major incidents were in place.

- 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 we saw that training for 2016 had been arranged.
- 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. When we inspected in April 2016 there was a defibrillator on site but staff had not been trained how to use it. At this inspection we found all staff had received relevant training in the use of the defibrillator and they told us they would be confident to use it if the need arose. There were records of the emergency equipment being checked regularly.
- 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

Our inspection in April 2016 identified that, although the practice had made improvements, care plans for patients with complex needs were not fit for purpose. Reviews of the care and treatment for vulnerable patients and those with mental health problems were not being completed in a timely or comprehensive manner. At this inspection we found improvements had been identified and were either implemented or in process of implementation. However, data showed that health promotion activities and take up of national cancer screening programmes were below average.

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 discussions at clinical meetings 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, and validated, results were from 2014/15 when the practice achieved 75% of the total number of points available. This made them an outlier in QOF performance against the national average performance of 95%. We noted that the exception rate reported was approximately 6% compared to the national average of 9%. This meant fewer patients were removed from the monitoring measures. (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 an outlier in 2014/15 for QOF (or other national) clinical targets. The practice presented data from

2015/16 QOF. This showed a significant improvement to 94%. However, we were unable to compare this with other practices because the results were not yet validated and published. The exception reporting rate had risen to match the national average of 9% in 2015/16.

Data showed:

- In 2014/15 performance for diabetes related indicators was worse than both the clinical commissioning group (CCG) and national averages. The practice achieved 67% against the CCG 80% and national 89%. 2015/16 data showed a practice improvement of 21% to 88%.
- In 2014/15 performance for mental health related indicators was also worse than CCG and national averages. The practice achieved 84% compared to the CCG average of 91% and national average of 93%. In 2015/16 the practice performance improved by 16% to achievement of the maximum 100%.

We noted this improvement during our inspection in April 2016. At that time we found that care plans included within some of the indicators, for example for patients with long term mental health problems, were not completed in full. Some lacked basic details and others were formed of discharge summaries from other care providers. The GP advisor reviewed care plans during this inspection and found improvement. For example, standardised formats for care plans were being used which enabled better capture of relevant information for the patient.

Clinical audit had started at the practice in 2016. Participation in benchmarking was limited.

- There had been five clinical audits undertaken in the last year. One had been completed by undertaking two further audits of the same criteria. The practice was able to identify the improvements arising from this audit and the benefits to patients.
- The practice participated when relevant in local audits and national benchmarking.
- Findings were used by the practice to institute changes designed to improve services. For example, recent action taken as a result included an audit reviewing patients taking a combination of blood pressure lowering medicine combined with a statin (to reduce risk of heart attack and stroke) of a specific dose had been undertaken for three cycles. The first audit

Are services effective?

(for example, treatment is effective)

identified 29 patients on the combined medicines, the second showed seven patients taking the combined medicines. Following education of the GPs and discussions with patient the third audit showed that the combination of the medicines had been withdrawn for all patients. This showed the practice had eliminated the risk of prescribing the two medicines in combination.

- We noted that the recent audits were earmarked for repeat.

Information about patients' outcomes was used to make improvements. The practice had acted upon the shortfall in care plans. There was structured programme in place to recall patients who were vulnerable to carry out their treatment reviews and either initiate or update their care plans. This programme had identified patients who found it difficult to attend the practice. Consequently a programme of home visits had been set to carry out the reviews and care planning in the patient's own home.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff attended updates on management of patients with long term conditions such as diabetes and respiratory diseases.
- 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. When we inspected in April 2016 we found some staff had not completed their programmes of mandatory training and other training identified by the practice. Staff we spoke with, and the training programme records, told us that these outstanding training courses had now been completed.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

There was a lack of focus on supporting patients to live healthier lives and early identification of health needs. The practice identified patients who may be in need of extra support but data available showed the practice was not performing as well as others in some areas of promoting healthier life styles. For example:

- Nationally reported public health data showed the practice achieved 85% of the indicators relating to identifying smokers and giving stop smoking advice. This was below the CCG average rate of 91% and national average of 95%.
- Patients requiring advice and support on improving their exercise regimes, eating healthily and losing weight were signposted to the relevant service.

The practice could not demonstrate a strategy to encourage uptake of national screening programmes. Nationally reported cancer screening data showed uptake of the cervical screening programme was 78%, which was comparable to the CCG average of 77% but below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available to undertake the cervical screening test for patients. 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.

Patients attended national screening programmes for bowel and breast cancer screening. The take up of these programmes was however below local and national averages. Of those women eligible to attend for breast cancer screening 65% had attended in the last three years. This was below the CCG average of 69% and national average of 72%. Of the patients eligible to attend for bowel cancer screening 44% had attended in the last 30 months. This was lower than the CCG average of 49% and national average of 58%. The practice did not have leaflets available in languages other than English to explain the benefits of cancer screening to patients whose first language was not English. Since inspection the practice told us they have sourced leaflets in both Urdu and Nepalese which were made available to patients. The practice had identified these as languages spoken by a number of registered patients.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, immunisation rates for the vaccinations given to under two year olds ranged from 85% to 90% which was similar to the CCG average of 85% to 92%. For five year olds the range was 85% to 98% which was better than the CCG range of 84% to 93%.

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

Are services caring?

Our findings

When we inspected the practice in both August 2015 and April 2016 we found patient feedback regarding certain aspects of care was lower than average. The GP team was reliant upon long term locum input. The practice had recognised that their nursing team required strengthening. At this inspection we found some improvements in the delivery of caring services. Whilst this was not yet reflected in the results of the national patient survey the local patient survey, which was always available to patients, showed higher levels of satisfaction with the care provided. Our previous inspections found the practice was not proactive in promoting the benefits of registering as a carer or providing information in other languages to help patients whose first language was not English to understand care and treatment options. We found little change in these areas during this inspection. Since the inspection the practice informed us they had obtained leaflets in two other languages and had commenced work with their patient participation group to promote the benefits of registering as a carer.

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. Calls from patients seeking appointments were taken sensitively with a focus on maintaining patient confidentiality. Staff we observed were friendly and courteous towards patients. They assisted patients by calling them to their appointment and giving them directions to the treatment and consulting rooms.

Because this was an unannounced inspection we did not distribute Care Quality Commission comment cards. The practice made copies of their ongoing patient survey available to us. We took a random sample of 50 of these.

We also reviewed a practice report of the findings of an analysis of 224 completed questionnaires. We noted that the friends and family test had been completed by 133 patients and 83% would recommend the practice to others.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed were from a survey period of July to September 2015 and January to March 2016. This was before the second partner came into post and the appointment of additional nursing staff. At that time patients had mixed views about being treated with compassion, dignity and respect. The practice was similar to CCG and national averages in many satisfaction scores relating to 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 86% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 95% 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%.
- 82% 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%.

There were two areas where feedback was below average:

- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

We reviewed more recent survey information from an ongoing satisfaction survey the practice undertook. This included a practice analysis of 224 completed questionnaires and a sample of 50 questionnaires we reviewed during the inspection. These showed a more

Are services caring?

positive picture of patient satisfaction. For example, in the 224 patient sample 73% said they found the reception staff very helpful and a further 25% said fairly helpful. In the 50 patient sample 80% said they found the reception staff very helpful. In the 224 patient sample 93% of patients rated the overall performance of the nurse's fair to excellent. Only 4% said the nurses were poor.

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 practice survey of 224 patients 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 gave a mixed response to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 67% 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%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice had identified that a shortage of nursing hours had contributed to lower than average positive feedback from patients about the support they received from nurses. A nurse practitioner and a part time health care assistant had been appointed since April 2016. The more recent practice survey results were more positive about involvement in decision making. From the 50 patient questionnaires we reviewed 86% of patients said they were involved in decisions about their care. The summarised results from 224 questionnaires showed 82% of patients felt involved in decisions about their care.

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. However, GPs we spoke with told us they accepted relatives as translators for patients who had difficulty understanding or speaking English. There was a risk that patients might not wish to discuss full details of their medical conditions with relatives present. The practice has told us that since the inspection they had developed an action plan for increasing access to telephone translation services. They also told us that booking an interpreter in advance to attend an appointment proved difficult when patients booked an appointment at short notice.
- GPs and nursing staff had access to a range of online patient information leaflets that could be printed in a range of languages. This information was used to support the verbal explanations of diagnoses and treatments given to patients.

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. However, we did not find any of these in languages other than English. Nationally available data showed us, and the practice confirmed, that there was a significant ethnic mix amongst the registered patient population. Since inspection the practice told us they have sourced leaflets in both Urdu and Nepalese which were made available to patients. The practice had identified these as languages spoken by a number of registered patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers (0.5% of the practice list). Once identified carers were offered advice on support groups and where to obtain information about benefits. Written information was available to direct carers to the various avenues of support available to them. At the time of inspection the practice was not aware of the local census data that indicated a higher prevalence of caring responsibilities among the population of Reading. The practice made information available to carers in the form of leaflets and posters held in

Are services caring?

the waiting area and at reception. Practice actions had not proven successful in encouraging those with a caring responsibility to register their carers responsibilities. The opportunity to obtain the support the practice could make available was not being taken up by those who were carers and had not declared their carer role. Subsequent to the inspection the practice told us that they have tasked staff to call patients identified in vulnerable groups to enquire about their carers. The practice also told us they had enlisted the aid of their PPG members to help boost the register. Discussions with PPG members had commenced

to set-up a user group for carers, to spread the word about the various help and support services available to them. The practice advised that these discussions had started prior to inspection.

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

When we inspected the practice in both August 2015 and April 2016 we found the practice was not responding to patient feedback about the service received. The practice had worked with NHS England and the local CCG on an action plan for improvement but had not completed all the tasks identified in the plan. During this inspection we found the practice had made improvements in responding to immediate issues relating to being responsive to matters raised about day to day delivery of services. There remained room for improvement in actively reviewing how the practice would sustain a responsive service into the future.

Responding to and meeting people's needs

The practice did not demonstrate they had recently reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. NHS England and South Reading CCG reported limited engagement between October 2015 and April 2016 when the practice was first placed in special measures. The practice had not engaged with their local commissioners since May 2016.

- The practice recognised that there was a significant ethnic mix within the registered population. However, the practice had not responded their needs; we did not find any written information on display for patients in languages other than English. Although we noted online information about diagnosed illnesses was available in other languages for GPs and nurses to print out and share with patients as required.
- The practice was not aware of the local census data in regard to the number of people who had caring responsibilities; indicating the practice was not fully prepared to respond to their needs.

However, we found areas of good practice:

- The practice offered extended hours clinics every weekday from 7am until 8am.
- There were longer appointments available for patients with a learning disability. The practice had commenced a programme of visiting these patients to carry out their annual health checks and develop, or update, their care plans.

- A programme of visiting patients with mental health problems was underway. The practice had identified those patients who found it difficult to attend the practice for their health reviews and had commenced contacting them to arrange a review at their home.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and some that were only available privately. Patients requiring private vaccinations the practice could not supply were referred privately.
- There were accessible facilities for patients with a physical disability. Services were delivered on the ground floor for patients who found difficulty getting up and down stairs.
- The midwife visited the practice to see pregnant women.
- Staff at the practice spoke a number of different languages which assisted patients whose first language was not English. Interpreter services were available from a local service. However, GPs and nurses we spoke with told us they accepted relatives and friends as interpreters for patients with limited understanding of English. The risk of patients not wishing to share their concerns and symptoms with relatives present had not been appropriately assessed.

The practice demonstrated that they were responding to matters that were brought to their attention requiring adjustments to existing services. They had commenced some actions to improve services going forward. For example, a nurse practitioner and a health care assistant had joined the practice since the last inspection in April 2016 to help extend nursing services.

Access to the service

The practice was open between 7am and 6.30pm from Monday to Friday. Appointments were offered from 8.30am to 12.40pm every morning and afternoon clinics commenced at 12pm with the last appointment at 5.30pm daily. Extended hours appointments were offered every weekday morning from 7am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. We noted that the practice had

Are services responsive to people's needs?

(for example, to feedback?)

implemented a revised and more stable appointment system since April 2016. This included set days and times for appointments with each of the GPs. It also standardised the numbers of appointments per GP each hour in clinic. A number of longer appointments were built in to clinics to accommodate patients with complex medical needs. The mix of urgent appointments and pre-bookable appointments had been adjusted in response to patient feedback about problems obtaining pre-bookable appointments.

Results from the national GP patient survey were taken from a period before the revised appointment system was put into place. They showed that patient's satisfaction with how they could access care and treatment was, at that time, below local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 78% and national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

In response to this and earlier patient feedback the practice had reorganised staffing to ensure two staff were available to answer incoming telephone calls.

The practice had run an ongoing patient survey. They had summarised the results of 224 completed survey forms in August of 2016. This showed a significant improvement in patient feedback in regard of accessing the practice by phone. Approximately 89% of respondents said they could get through either easily or fairly easily to the practice. We took a random sample of 50 completed survey forms that had yet to be analysed by the practice. These showed that 80% of patients said they could get through on the phone either easily or fairly easily.

The results of both samples also showed that approximately 80% of patients said they were able to obtain an appointment on a date and time that suited them. This was a significant improvement in patient feedback compared to the findings of the inspection in April 2016.

The practice survey also asked patients if they were able to see a GP of their choice for continuity of care. The 50

patient sample we reviewed showed that 42 patients said they could always or nearly always see their preferred GP. This constituted a 98% satisfaction rate because seven patients from the sample did not answer this question.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The call from patients requesting a home visit were logged in a record book and entered on the patient's record. The log was passed to the practice nursing team to assess and make recommendations to the GPs on whether a home visit was appropriate or other action was required to support the patient. In the few 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. It was displayed on a notice board, in a leaflet available at the reception desk. Also information was on the practice website. Staff we spoke with were aware of how to support a patient wishing to make a complaint. There was also a complaints form available for patients who chose not to make a verbal complaint or compose a letter or e-mail.

When we inspected the practice in April 2016 we reviewed the complaints the practice had received and responded to in the previous 12 months. We found the practice had dealt

Are services responsive to people's needs? (for example, to feedback?)

with these in a timely and thorough manner. The practice had not received any complaints in the last six months. Therefore, we did not repeat our review of complaints already seen to be acted upon.

Are services well-led?

Inadequate 

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

Our findings

When we inspected the practice in both August 2015 and April 2016 we found clinical governance systems were operated inconsistently. The practice team of GPs was reliant upon cover from long term locums. Clinical leadership was developing but the structure gave the practice limited resilience. The focus of the GPs was on reacting to issues that arose and the needs of the local population were not being assessed or planned for. For example, both South Reading Clinical Commissioning Group (CCG) and NHS England had informed CQC that the practice had accepted limited engagement with them in the last six months. This resulted in the practice maintaining their efforts on dealing with day to day matters and not engaging in development of services.

During this inspection we found some improvement in day to day management of the service. For example, the nursing team had been strengthened and the second partner, who worked one day a week at the practice, had been in post for over six months. General management structures had changed and a risk management culture was in early stages of development.

The practice was able to demonstrate some improvements in the delivery of high-quality care. For example, indicators for the care and treatment of patients with long term conditions showed a 19% improvement from the previous year. Patient feedback about services was improving. However continuous improvement was not always assured by the leadership and governance arrangements in place. The governance arrangements did not have the necessary capacity to enable practice leaders to lead effectively. Since the inspection the practice informed us they had appointed a third GP partner to work part time.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. This was restricted by the capacity of the clinical governance structure.

- The practice had a mission statement which was understood by staff.
- The practice had a strategy and a business plan which reflected the vision and values. The business plan was in early stages of implementation.

Governance arrangements

The practice had a limited governance framework which supported the delivery of an emerging strategy.

The framework outlined the structures and procedures in place.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and kept up to date. They were available to all staff.

Clinical governance systems and processes were not operated effectively. The identification and capture of issues and risks was inconsistent and did not ensure that threats to delivery of safe and effective care were adequately managed. For example:

- Clinical audit had been commenced in the last year but was limited in that one audit had gone through a completed cycle. This audit had been be utilised to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some environmental and equipment risks, issues and take mitigating actions. However, monitoring systems had not identified the risk of prescriptions being left in a printer in an unlocked room (the key to the printer lock was left in the printer), hazardous wires trailing in waiting rooms, out of date sample materials and containers for blood samples or inappropriate standards of cleanliness in two treatment rooms. The practice informed us that since the inspection they had installed key pad locks on all clinical rooms which automatically locked when the rooms were vacated. The trailing wires had also been secured since the inspection was undertaken and new cleaning contractors had been appointed with the aim of improving cleaning standards.
- The practice could not demonstrate that they were active in reviewing the needs of their registered population taking regard to the local joint strategic needs assessment (JSNA). (CCGs and local authorities are required to produce a JSNA of the health and wellbeing of their local community). The practice was unaware of the number of people living in the area who had carer responsibilities. The practice strategy to promote the benefits of registering as a carer had not identified the number of carers that aligned with the

Are services well-led?

Inadequate 

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

prevalence identified in the national census.

Subsequent to the inspection the practice told us they had enlisted the aid of their PPG members to help boost the carers register. Discussions with PPG members had commenced to set-up a user group for carers, to spread the word about the various help and support services available to them. The practice advised that these discussions had started prior to inspection”.

- The leadership and culture within the practice remained focused on treatment rather than prevention or support. For example; areas such as smoking cessation and cancer screening programmes were not effectively promoted.
- GP leaders in the practice had also not identified below average cancer screening rates as risks to the future health of their registered patients. There was no evidence of a strategy to encourage uptake of health promotion and ill health prevention. Since inspection the practice informed us that they have implemented a policy to call patients who did not attend or missed screening and enquire the reason behind the non-attendance
- The lack of readily available advice leaflets in languages other than English had not been recognised as a possible contributory factor to patients not taking advantage of cancer screening programmes. However, Urdu and Nepalese which were made available to patients. The practice had identified these as languages spoken by a number of registered patients.

Systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the providing services were not embedded in the culture of the practice.

Leadership and culture

The practice leadership arrangements were known to staff and the practice was able to demonstrate that general management was operating improved processes and systems. Clinical leadership was heavily reliant on the full time partner. For example, this GP was responsible for initial review of all incoming test results and correspondence relating to patient care undertaken by other providers. When this GP was not on duty we were told that results and correspondence were reviewed by the second GP partner via an electronic link. The part time

partner had not been available for two weeks prior to inspection. Test results received by the practice were reviewed by the GP that requested them or the duty GP. We found some results that did not require urgent action had not been filed into patient records in the previous week. The practice had a system that required all actions, including those of a routine nature, to be completed before results were lodged in the patient's electronic medical record.

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 leadership structure in place but, this placed a heavy burden on the two partners. One of the partners worked at the practice for one day each week. We noted that there were limited management responsibilities undertaken by the salaried and locum GPs although the salaried GP took on call responsibility one day each week. However, staff told us they felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was a developing 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. They also told us that the team met frequency and the structure had improved in the last six months. We noted the practice had an away day in spring 2016.
- Staff said they felt respected, valued and supported and that the levels of support they received had improved in recent months. They described an open culture in which

Are services well-led?

Inadequate 

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

they were able to become involved in discussions about how to run and develop the practice. There were developing opportunities for staff to identify ways to improve the service delivered by the practice.

- The risks associated with relying on one GP to undertake duty doctor responsibilities on four out of five days each week had not been assessed. The GP was required to continue with clinics and also review all incoming test results which increased the risk of an important test result being missed or follow up treatment not being delivered. We discussed this with the practice. Within two days of the inspection the practice wrote to us to confirm that they had involved a third GP who was interested in becoming a partner. This GP was joining the practice with immediate effect and would undertake one day a week of on-call duties. The salaried GP had also agreed to take a second on call duty. Whilst this demonstrated a willingness to enhance and improve GP input to patient care it arose from our findings. The practice continued to react to issues and problems and did not demonstrate a proactive approach to ensuring resilience was built in to delivery of care and treatment.

Since inspection the practice told us a third part time GP partner had come into post. This GP was working at the practice undertaking both clinical leadership and direct patient care roles. The duty GP rota had been changed to reduce the duty commitment of the full time partner. Responsibility for review of incoming test results and correspondence from other health providers had also been divided more equitably.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had formed in the last year and was meeting regularly. They

were aware of the patient survey and feedback from patients. For example, feedback relating to availability of appointments had not been positive. Patients had told the practice they found it difficult to obtain appointments on days and times that suited them. The practice had responded by reorganising the appointment system. Feedback from a survey of 224 patients taken since April 2016 showed that patients were more positive about obtaining appointments when they needed them. PPG members told us that they had noticed improvement in obtaining appointments and that reception staff had become more efficient and friendly in the last six months. They were receiving positive comments from other patients about the service the practice provided. The PPG had a plan to form focus groups that represented the different age groups and care needs of the registered population.

- The practice had gathered feedback from staff through a staff away day and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt a growing involvement and were engaged to improve how the practice was run. For example, practice nurses had identified patients who required follow up or care plans. They had proposed to visit these patients at home to carry out the reviews and develop care plans. This proposal had been adopted by senior management and the visits had commenced.

Continuous improvement

The practice had begun to focus on learning and improvement. This was demonstrated by a clear training programme having been put in place for all staff.

The practice had strengthened the general management function. They were working with an established management team from a practice in the Midlands to share their practice manager, assistant practice manager and data analyst functions. Staff told us this had resulted in an improved structure to team meetings and a more open management style and culture.

This section is primarily information for the provider

Enforcement actions

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider was failing to ensure compliance with the requirements, by means of the effective operation of systems or processes established to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity and to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk from the carrying on of the regulated activity