

Reading Walk-in Health Centre

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 effective?	Requires improvement 
Are services responsive to people's needs?	Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Reading Walk-in Health Centre in April 2016 found breaches of regulations related to the effective and responsive domains. We issued a requirement notice for regulation 12 safe care and treatment and regulation 18 staffing. We rated the service as requires improvement in providing effective and responsive services and good for providing safe, caring and well-led services. Overall we rated the service requires improvement. Consequently we rated all population groups as requires improvement. The full comprehensive report from the April 2016 inspection can be found by selecting the 'all reports' link for Reading Walk-in Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in April 2016. This report covers our findings in relation to those requirements since our last inspection.

We found the practice had made improvements since our last inspection. Overall the service is rated as good. However, there were still concerns with the effective

domain and the provider is still in breach of regulations. Therefore we have issued a warning notice instructing the provider to meet regulatory requirements. We have amended the rating for this practice to reflect these changes.

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

- Registered patient feedback from comment cards and the services own survey indicated they could make appointments with a GP when needed.
- We saw from audit data that the number of appointments available in relation to the patient list size had increased since April 2016.
- The care for patients with long term conditions was not always monitored properly to ensure it was delivered in line with current evidence based guidance.
- Medicine reviews were not being undertaken as frequently as required to ensure patients received effective medicines for their conditions.
- Work had been undertaken to improve child immunisation rates.

Summary of findings

- Carers' registration forms had been introduced to registration paperwork and carer information was available on new notice boards in waiting areas which had been installed to try and increase the numbers of carers identified.

The areas where the provider must make improvement are:

- Ensure systems and processes are in place to assess, monitor, manage and mitigate risks to the health and safety of service users. The provider was not routinely and consistently monitoring patients with long term

conditions based on national guidance to ensure improved patient outcomes; did not have a process to ensure the cervical screening programme was implemented effectively so patients had timely access to screening procedures and they had not ensured medicine reviews were undertaken to make sure patients received their medicines safely and they remained effective in supporting the patients' health condition.

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 effective?

During our previous inspection in April 2016 we found the service did not always assess patient needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. There were no templates used in the management of patients with long term conditions in order to ensure that best practice was used. Nurses were not trained to undertake the reviews required by these patients.

During this inspection we found the service had made improvements but we found further concerns and have rated the service requires improvement for providing effective services.

- Medicine reviews were not being undertaken within timeframes required to ensure patient safety and the effectiveness of medicines.
- Data from the Quality and Outcomes Framework (QOF) showed that although plans had been put in place to improve reviews, many patients had still not received care in line with national guidance.
- For example, despite the lower than average prevalence of diabetes less than 50% of patients had met the clinical parameters for seven clinical indicators under diabetes performance as of 6 February 2017. One clinical indicator for asthma showed only 114 out of 205 patients in line with the indicator (56%).
- Training had been provided to nurses in order to undertake reviews and templates for these reviews were being used.
- There was a broad range of clinical audits which demonstrated quality improvement. For example, an audit into child immunisation rates which identified all the actions taken to request children to attend for immunisations and outstanding actions required.

Requires improvement



Are services responsive to people's needs?

At our previous inspection in April 2016 we found concerns regarding access to appointments for registered patients. Registered patients reported finding it very difficult to book appointments when they needed to and the GP national survey in January 2016 provided poor feedback.

During this inspection we found the service had made improvements and is rated as good for providing responsive services.

- Registered patient feedback from comment cards and the services own survey indicated they could make appointments with a GP when needed. However, four out of eight patients we spoke with suggested there were still waits for an appointment.

Good



Summary of findings

- In a survey undertaken by the provider in December 2016, 100% of the 18 registered patients who responded to the survey stated they found their last appointment was convenient. National survey data was not relevant to the changes made at the centre since our last inspection as it was published in July 2016.
- We identified that an increase in appointments had been implemented. The centre audited the availability of pre-bookable appointment waits and we saw that these were rarely longer than one to two days according to the audit data.

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 provider had resolved the concerns regarding the responsive domain that we found during our inspection in April 2016. However we still found concerns regarding the effectiveness of care provided to some patients. The population group ratings have been updated to reflect the change in ratings across all the domains.

Good



People with long term conditions

The provider had resolved the concerns regarding the responsive domain that we found during our inspection in April 2016. However we still found concerns regarding the effectiveness of care provided to patients with long term conditions and these concerns led to a rating of requires improvement in this population group.

Requires improvement



Families, children and young people

The provider had resolved the concerns regarding the responsive domain that we found during our inspection in April 2016. However we still found concerns regarding the effectiveness of care provided to some patients. The population group ratings have been updated to reflect the change in ratings across all the domains.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns regarding the responsive domain that we found during our inspection in April 2016. However we still found concerns regarding the effectiveness of care provided to some patients. The population group ratings have been updated to reflect the change in ratings across all the domains.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns regarding the responsive domain that we found during our inspection in April 2016. However we still found concerns regarding the effectiveness of care provided to some patients. The population group ratings have been updated to reflect the change in ratings across all the domains.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns regarding the responsive domain that we found during our inspection in April 2016. However we still found concerns regarding the effectiveness of care provided to some patients. The population group ratings have been updated to reflect the change in ratings across all the domains.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and did not relate to the most recent changes to the appointment system at the centre. Therefore we have not used them during this inspection.

In a survey undertaken by the provider in December 2016, 100% of the 18 registered patients who responded to the survey stated they found their last appointment was convenient.

We received 15 comment cards from registered patients and all of them were positive. Four patients specifically

referred positively to the availability and convenience of appointments. We spoke with eight patients and four reported some difficulty in booking same day or long waits for routine appointments. Four stated they were able to book routine appointments at short notice. Some patients we spoke with felt it was difficult to see a preferred GP.

The service undertook the friends and family test and in December 2016 and January 2017 92% of patients said they would recommend the service.

Reading Walk-in Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Reading Walk-in Health Centre

We undertook an inspection of this centre on 7 February 2017.

Reading Walk-in Health Centre is a purpose built practice located in Reading and has a population of approximately 7,500 patients. The practice also provides a walk-in service seven days a week to the local population for any patients who need urgent GP or nurse appointments, regardless of whether they are registered at this or another practice. The service population has some economic deprivation with significantly high deprivation among patients over 65, of which the practice has low numbers. There is very high proportion of patients aged 25 to 40. The service has a very high proportion of employed patients registered and there is a university located nearby. Reading town centre is ethnically diverse, including ethnic groups of sub-continental, African and Eastern European origin. Patient services were located on one floor and the practice is accessible for those with limited mobility. The appointment system and walk-in service were both available to registered patients.

- There are five GPs working at the centre, including one bank staff member. There are a mixture of male and

female GPs. There are emergency care practitioners (ECPs), advanced nurse practitioners and practice nurses also employed at the centre. A number of administrative staff and a service manager support the clinical team.

- The service aimed to have 5.25 whole time equivalent (WTE) GPs but was in the process of recruiting new GPs and was using long term locums to support salaried staff. There were 8.08 WTE nursing staff and ECPs working as part of the walk-in service and 3 WTE nurses providing care to registered patients. There was also recruitment taking place for the nursing team, including a new diabetes nurse due to the start at the service.
- The service is open to registered patients from 8am to 6.30pm weekdays. There are extended hours appointments until 8pm on two weekdays and from 8am to 12.30pm on Saturday mornings. It is open from 8am to 8pm seven days a week for walk-in patients.
- Out of hours GP services were available when the service was closed by phoning 111 and this was advertised on the service website.
- The service had an alternative provider medical services contract (APMS) for providing both a GP service to registered patients and walk-in service to the general population.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions in April 2016 and we published a report setting out our judgements. These

Detailed findings

judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed inspection on 7 February 2017 to follow up and assess whether the necessary changes had been made, following our inspection in April 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was not meeting all the conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 7 February 2017. During our visit we:

- Spoke with a range of staff, including the GP clinical lead, an emergency care practitioner lead, a member of the nursing team, the service management team, and reception staff.
- Observed how patients were being cared for and talked with patients and their family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation related to monitoring and management of the service.

During this inspection we focussed on the following two key questions:

- Is the service effective?
- Is the service responsive to people's needs?

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 effective?

(for example, treatment is effective)

Our findings

At our last inspection in April 2016 we found that the service did not always assess patient needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. There were no templates used in the management of patients with long term conditions in order to ensure that best practice was used. Nursing staff who undertook these reviews did not all have training relevant in long term condition reviews. There was a risk patients were not receiving the quality of check-up they required according to national guidelines. There were also over 2000 patient records awaiting summarising in April 2016 dating from September 2015.

Effective needs assessment

At this inspection we found that improvements had been made to the assessment of patients with long term conditions. However, there were still problems with the systems used due to staff turnover and coding on the record system.

- There were tools and training available to staff to enable them to assess patients' needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- However, assessments of patients' needs were not always recorded appropriately onto the system, limiting the ability for staff to know if care required by patients with long term conditions had been provided.
- Clinical leads and managers informed us that staff turnover meant that training for staff was ongoing. This also led to high usage of agency GPs and nurses, who did not always have the skills and knowledge to record long term condition care onto the system correctly.

Management, monitoring and improving outcomes for people

The service 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 current QOF data was 10 months into the 12 month cycle but was not yet completed. The recording of QOF outcomes

indicated that performance was low for several clinical indicators. Clinical leads and managers told us the planning and implementation of long term condition review care from the time of the last inspection in April 2016 was hampered by staff turnover. This impacted on the ability for locums and agency nurses to record long term condition reviews onto the system accurately. This did not enable adequate monitoring of patient care and did not ensure patients received the reviews they needed in a reasonable timeframe. The unvalidated data for 2017 showed:

- For diabetes, less than 50% of patients had met the clinical parameters for seven clinical indicators including those who had foot examinations, blood pressures recorded within recommended guidelines and the number of patients with a recorded measurement for their HbA1c of under 59 or 64 millimoles in the last 12 months.
- For asthma, 56% had received a review of their condition in the previous 12 months according the record system.
- For chronic obstructive pulmonary disease, 63% had received a review of their condition in the previous 12 months according the record system.
- Three indicators for mental health conditions showed performance at under 50%.

We were sent information following the inspection on 7 February 2017 which included an action plan to double check their performance against mental health clinical outcomes. We saw that this indicated the performance for mental health may be better than the record system indicated. For example, for patients with Schizophrenia, bipolar affective disorders and other psychoses who did not have blood pressure recorded in the preceding 12 months, an alternative search on the system showed 14 patients on the list and nine had their blood pressure taken close to March 2016. There was still time to complete the remaining reviews in 12 months. However, no such search was able to deduce the true extent of reviews remaining for diabetes. Therefore the lack of coding on the system was the main contributing factor to the lack of diabetes care monitoring and the potential for patients not to receive the care they required.

The service had a very transient population with a high turnover and high numbers of new patients. This provided a challenge for the practice to monitor a significant

Are services effective?

(for example, treatment is effective)

proportion of its population. However, prevalence of long term conditions was very low and the numbers of patients that the centre had to manage were significantly lower than most GP practices with a similar list size. For example, the centre had a diabetes prevalence of approximately 2% (compared to the national average of 6.5%) which equated to 150 patients. There was an asthma prevalence of approximately 2.5% (compared to the national average of 4.7%) which equated to 203 patients.

Prior to the inspection we requested up to date figures on medicine reviews completed within the required timescales.

- The number of medication reviews undertaken within the previous 12 months as of 3 February 2017 was 57% for patients on more than four medicines and 32% for those on less than four medicines.
- The data showed that 120 patients on long term medicines had not received a review in the previous 12 months.

There was a risk that patients not receiving reviews of their medicines may not be receiving the therapeutic requirements from these medicines or may be at risk of taking medicines that were no longer appropriate or safe for them.

During the inspection we spoke with the GP clinical lead who had started working at the practice in December 2017 and they had identified the low number of reviews taking place. They informed us they had begun work to identify and plan reviews for patients who had not had a review. We saw documentation which showed that a previous search on the system in January 2017 showed that 38% patients on more than four medicines and 22% for those on less

than four medicines had up to date reviews. The service had not identified the low numbers of reviews in a timely way after the April 2016 inspection despite CQC identifying problems with the management of long term condition reviews at that time.

Supporting patients to live healthier lives

The centre had undertaken an ongoing audit of child immunisation rates as a result of our previous report identifying this as an area the provider should consider improving. We saw the audit was undertaken quarterly with improvements in uptake each quarter for each relevant vaccine. There was a list of non-attenders with investigation into each one. Many non-attenders had been identified as moving away and would therefore need to be deregistered.

Performance in quarter three of 2016/17 showed 91% of children had received vaccinations for diphtheria, tetanus, and whooping cough, 85% had received their first measles, mumps and rubella (MMR) vaccine and 70% had received their pneumococcal (a serious infection caused by a bacteria) vaccine. This indicated improvement since the previous inspection.

We saw from searches on the patient record system that 523 eligible patients had not had cervical smears. The data indicated 52% of eligible patients had up to date smears compared to the national average 82%. The centre was aware of this and was working to try and improve the uptake. The centre cited overseas patients, many with cytology completed in their country of origin, as a reason for the low up take, but were unable to evidence this reason.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in April 2016 we found concerns regarding access to appointments for registered patients. Registered patients reported finding it very difficult to book appointments when they needed them and results from the GP national survey in January 2016 were in line with these comments. For example in January 2016:

- 64% patients described their experience of making an appointment as good compared to the clinical commissioning group (CCG) average of 75% and national average of 73%.
- 53% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%
- 46% usually got to see or speak to their preferred GP compared to the CCG average of 58% and national average of 60%.

Access to the service

During this inspection we found improvements to the appointment system had been made.

Reading walk-in health centre was open between 8am and 8pm. For registered patients there was an appointment booking system via phones, in person and online. We saw data that showed since our last inspection the number of appointments had increased. We saw from data given to us

by the provider that 525 GP (an approximate increase of 60%) and 399 nursing appointments were provided on average during January 2017 (based on four weeks of data). The centre had stopped registering new patients, in agreement with commissioners, for period of time in 2016 which reduced pressure on the service. We identified that the centre audited the availability of pre-bookable appointment waits and we saw that these were rarely longer than one to two days according to the provider's audit data. We saw from the appointment system on the day of inspection that same day appointments were available.

In the provider's survey undertaken by the provider in December 2016, 100% of the 18 registered patients who responded to the survey stated they found their last appointment was convenient. On the day of inspection, we received 15 comment cards from registered patients and all of them were positive. Four patients specifically referred positively to the availability and convenience of appointments. We spoke with eight patients and four reported some difficulty in booking same day or long waits for routine appointments. However, other patients stated they were able to book routine appointments at short notice. Three patients we spoke with felt it was difficult to see a preferred GP.

The service undertook the friends and family test and in December 2016 and January 2017 92% of patients said they would recommend the service.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They were not monitoring patients with long term conditions based on national guidance and were not ensuring medicine reviews were undertaken to make sure patients received their medicines safely. Cervical screening rates were low compared to national average.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>