

# Radnor House Surgery & Ascot Medical Centre

## Quality Report

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Date of inspection visit: We have not visited Radnor House Surgery and Ascot Medical Centre as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

Date of publication: 20/07/2017

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Radnor House Surgery and Ascot Medical Centre on 10 November 2016. The practice was rated as requires improvement for safe and effective services and good for caring, responsive and well led. Overall the practice was rated as requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Radnor House Surgery and Ascot Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 5 July 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 on 10 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- Prescription security and tracking had been improved and was in line with legislation.
- Fridge temperature checking and recording was being undertaken daily. Where breaches of the cold chain had been identified, action was taken and learning shared to mitigate risk.
- The practice had implemented actions to improve the quality of care for patients with long term conditions. Specifically, improvements to care for patients on the diabetes and mental health registers and patients receiving annual blood pressure checks.

We have changed the rating to reflect the findings for the provision of safe and effective services. Overall the practice is now rated as good.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice had made improvements to safety and was rated as good for providing safe services.

- Prescription security and tracking had been improved and was in line with legislation.
- Fridge temperature checking and recording was being undertaken daily. Where breaches of the cold chain had been identified, action was taken and learning shared to mitigate risk.

Good



### Are services effective?

The practice had made improvements to long term condition management and was rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed the practice had improved its care and treatment for specific long term conditions.

Good



# 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 for safe and effective identified at our inspection on 10 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safe and effective identified at our inspection on 10 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safe and effective identified at our inspection on 10 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe and effective identified at our inspection on 10 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and effective identified at our inspection on 10 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe and effective identified at our inspection on 10 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Radnor House Surgery & Ascot Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desktop inspection was undertaken by a CQC inspector.

## Background to Radnor House Surgery & Ascot Medical Centre

Radnor House Surgery and Ascot Medical Centre offer primary medical services to approximately 5,150 patients in the Ascot area of Berkshire. The two practices merged in April 2015 and initially continued to see patients at both sites. Following the CQC inspection in March 2016 the practice moved all clinical staff and equipment to Ascot Medical Centre, which is based at Heatherwood Hospital. Radnor House is now used as an administration base and no regulated activities are being carried out at this site.

The practice is located in an area of low deprivation, meaning few patients are affected by social or economic deprivation locally. The patient list has a higher proportion of adults, both male and female, in the 45 to 69 age group, meaning a higher proportion of working age patients are registered at this practice.

The practice has two GP partners (both male), four salaried GPs (all female), three practice nurses (all female) and one health care assistant (female). The clinical staff are

supported by a practice manager, 10 receptionists, administration staff and a receptionist team leader. The practice is a training practice for GP trainees but does not currently have a GP trainee working with them.

Ascot Medical Centre is situated within the grounds of Heatherwood Hospital. It is a purpose built ground level building with easy access for disabled patients. The entrance has automatic doors which lead to a corridor from which all consultation and treatment rooms are accessible. The reception area is clearly signed with the waiting area across the hallway. There are toilet facilities available including disabled access with wide doorways.

The opening hours at Ascot Medical Centre are:

- Monday to Friday between 8am and 6.30pm.
- Late Monday until 7.30pm
- Early Tuesday from 7.30am

Patients can also access appointments with a GP at King Edward Hospital via a service provided through the Prime Ministers Challenge Fund, which aims to help improve access to general practice and stimulate innovative ways of providing primary care services across the country.

Radnor House Surgery and Ascot Medical Centre operates with a General Medical Services contract. They offer enhanced services for childhood immunisations, improving patient online access, influenza and pneumococcal immunisations, annual health checks for patients with a learning disability and avoiding unplanned admissions.

The practice has opted out of providing out of hours services to their patients. The out of hours service is

# Detailed findings

provided by East Berkshire Primary Care Out of Hours Service and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained on a recorded message when the practice is closed.

All services are provided from:

Ascot Medical Centre, Gate 3, Heatherwood Hospital, Ascot, SL5 8AA.

## Why we carried out this inspection

We undertook a comprehensive inspection of Radnor House Surgery and Ascot Medical Centre on 10 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on November 2016 can be found by selecting the 'all reports' link for Radnor House Surgery and Ascot Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a desktop inspection of Radnor House Surgery and Ascot Medical Centre on 5 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection of Radnor House Surgery and Ascot Medical Centre on 5 July 2017. This involved:

- Reviewed practice policies and documents relating to cold chain and prescription tracking
- Reviewed the Quality and Outcomes Framework data for 2016/17 available from the practice.

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

# Are services safe?

## Our findings

At our previous inspection on 10 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements for prescription security and tracking needed improving. In addition, fridge temperature checks had identified a breach of cold chain but no action had been taken.

These arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

The practice had reviewed and updated their policy for blank prescription form security and tracking. They had a designated, responsible person to receive and log blank prescriptions and record their use. There were other key personnel with responsibility for these actions in the

absence of the designated person. Until allocated to a specific printer, the blank prescription forms were stored in a locked cabinet in a room only accessible via a keypad entry system.

The practice had reviewed and updated their policy for vaccine storage and cold chain. Fridge temperatures were checked daily by key responsible personnel and overseen by a designated lead. We saw evidence the cold chain breach identified during the previous inspection in November 2016 had been investigated and actions taken. For example, the practice replaced the backup fridge thermometers and had situated the internal thermometer probe in a different area of the fridges to ensure a more accurate reading. We reviewed the fridge temperature logs from April 2017 to June 2017 and found no gaps in daily checking and no breaches of the cold chain during this time.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 10 November 2016, we rated the practice as requires improvement for providing effective services as data from the Quality and Outcomes Framework (QOF) 2015/16 showed the practice achievement for patients with long term conditions required review to ensure their care and treatment needs were being met.

These arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

The practice had reviewed their long term condition management and had undertaken audits of diabetes prescribing and renal function to support improved outcomes for patient on the diabetes register. The practice had also been chosen as a pilot site for pre-diabetes monitoring and education, which was being led by the GP lead for diabetes and lead practice nurse. Other initiatives included “one-stop shop” flu clinics where patients could have a check on their long term conditions whilst receiving their annual flu vaccine. The practice had also recognised the contribution of carers in involving patients in their long term condition management and had engaged with a local

carers support organisation to offer a Saturday coffee morning. The practice was also one of three local pilot sites for social prescribing, which was benefitting patients who were deemed more socially vulnerable or high risk.

The practice provided us with their latest submitted Quality and Outcomes Framework data for the period 1 April 2016 to 31 March 2017. This showed an improvement from 2015/16 for specific long term conditions management:

- Performance for diabetes related indicators was 100% which had increased from 86% in 2015/16. Exception reporting was 11% which was comparable with the 2015/16 clinical commissioning group average of 10% and national average of 12%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 91%. This had increased slightly from 90% in 2015/16 and had achieved the 90% target set by the Quality and Outcomes Framework for maximum point's attainment. However, this indicator remained below the 2015/16 CCG average of 98% and national average of 98%. Exception reporting for this indicator was 0%.
- Performance for mental health related indicators was 100% which had increased from 77% in 2015/16. Overall exception figures were 6% compared to the 2015/16 CCG average of 10% and national average of 11%.
- The percentage of patients with a mental health condition with a documented care plan in the last 12 months was 94%. This had increased from 81% the previous year. Exception reporting was 0% which was lower than the 2015/16 CCG average of 11% and national average of 13%.