

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Ringmead Medical Practice

Birch Hill Medical Centre, Leppington, Birch Hill,
Bracknell, RG12 7WW

Tel: 08444773609

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Ringmead Medical Practice
Registered Manager	Dr. David Holmes
Overview of the service	Ringmead Medical Practice provides primary healthcare and treatment on two sites; Great Hollands Health Centre and Birch Hill. It also provides off-site services in patients' homes and to other health and social care providers.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During the inspection we spoke with seven patients five members of staff, the assistant manager and a partner GP. The practice was recruiting a new practice manager at the time of this inspection.

Patients were satisfied with the care and treatment they received and one told us "Staff are absolutely brilliant." They voiced some concerns regarding access to appointments and their ability to contact the surgery. The management had identified these concerns and were implementing plans to improve patients' access to services.

Patients told us they were involved in decisions about their care and treatment. One patient said "Most doctors are very good at explaining things, but some are not as good as others."

The practice provided staff with awareness and policies on safeguarding. The service had an appropriate process for recruiting staff. Background checks and induction were undertaken before staff were allowed to work alone.

There were systems to monitor the quality of the service. Information on the performance of the service, including feedback from patients and staff, was considered by the service and acted on where possible.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patients' privacy and dignity were respected. Patients were informed and involved in decisions about their care and treatment.

Reasons for our judgement

Patients expressed their views and were involved in making decisions about their care and treatment. Patients told us most staff provided them with clear explanations during consultations and treatment. One patient said "Most doctors are very good at explaining things, but some are not as good as others." In the practice's survey from March 2013 over 70 per cent of patients said GPs and nurses were good or very good at including them in decisions about care and treatment.

Choices of appointment times and specific GPs were offered to patients when possible. However patients said they sometimes waited a long time for appointments. A patient told us "They try to fit me in where they can." The practice had recently implemented a new appointment system to improve the experience of booking an appointment. Patients we spoke with were unaware of the new system. However, we saw practice leaflets which were available at reception explained how the improved appointment system worked. A member of the patient representative group told us they were informed of the new appointment system.

Patients told us that staff treated them with respect and dignity. We saw treatment room doors were kept shut during consultations to maintain privacy and confidentiality. Staff explained the practice management provided staff with the location's policy on confidentiality when they began work for the provider. One staff member told us "I lock the door when I leave a room, make sure treatment records are closed when I carry them in public areas and close the blinds when I'm with a patient".

Information on the services provided was available in the practice leaflets. This included any service which incurred a charge, such as some travel vaccinations. Patients told us they were given information on how to manage their own treatment. For example people with diabetes told us they were given information on self-care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered according to patients' individual needs.

Reasons for our judgement

The practice provided surgery appointment slots from Monday to Friday. Evening appointments were also provided for patients who could not attend during the day. The practice provided off site services to other health and social care providers and home visits for patients. We saw there were clinics for specific conditions and vaccinations. A GP partner told us appointments were ten minutes long unless a double appointment was required for health screening or requested by a GP. Patients confirmed this but some told us appointments could be a little rushed. In the practice survey from March 2013 less than three per cent of patients said they were not given enough time with nurses or GPs. All the patients we spoke with were satisfied with the care and treatment they received from the practice. One patient told us "Staff are absolutely brilliant."

Reception staff had an appointment booking chart to ensure patients were triaged correctly when they called the practice. We saw the chart included when patients could be offered a telephone consultation instead of an appointment. A patient told us they had a telephone consultation due to a "lack of appointments" and they did not require an appointment urgently. They said "A doctor called me back and I got what I needed." Patients said they sometimes found it difficult to book an appointment. All the patients we spoke with said this did not impact on the care they received from the practice.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual needs. We saw electronic patient records contained a history of consultations. Health conditions and other personal information was clearly flagged so clinicians were aware of key information. The electronic records system enabled GPs to access information and support on health conditions. The practice provided periodic screening for patients with long term conditions, such as diabetes and heart disease. A patient with a long term condition told us "If I go over time for a check-up I get reminded [by the surgery]."

A GP partner told us updates to clinical guidance were provided to staff during clinical team meetings and through other communication methods. We found minutes from clinical team meetings confirmed this. The practice achieved maximum scores in their Quality Outcome Framework (QOF) for March 2013. The QOF is a voluntary reward based assessment used to assess GP achievement against clinical outcomes.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. We saw emergency medical equipment and emergency drugs were available. They were checked by staff, maintained and drugs were in date. Staff told us they received annual training in medical emergencies. Staff records we viewed confirmed this.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff were provided with an adequate awareness of abuse.

Reasons for our judgement

We looked at the services' policies on protecting vulnerable adults and children from abuse. The policies included information on how to identify and report suspected abuse. Staff said they were required to read the policies when they started work and we saw they had signed forms to confirm they had read them. Staff said they knew where to access the policies. Staff were aware of how to report safeguarding concerns appropriately, both internally and externally. Safeguarding information was available for patients in the waiting area.

The practice provided staff with safeguarding children and adults training in October 2013. Four of the seven staff members we spoke with said they had undertaken safeguarding awareness training. Two staff were unsure of whether they had attended the safeguarding adults training. The practice manager and a GP partner explained that staff had the opportunity to undertake safeguarding training provided by the local clinical commissioning group (CCG). However, the provider may find it useful to note that there was no system to ensure staff received safeguarding awareness training. Two days following the inspection a GP partner confirmed the practice had booked safeguarding training for staff.

The practice provided chaperones for patients if they requested them. This meant the risk of potential abuse or misconduct was reduced. We saw there was a poster advertising the availability of chaperones in reception. A GP partner explained staff were given chaperone training before providing the service so they understood the purpose of the duty.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There was effective recruitment and selection in place. The practice had a recruitment process which included assessment of application forms, interview and references were sought. Information on recruitment required by health and social care services was available. We looked at three staff folders and saw recent identification, health checks, Disclosure and Barring Service (DBS) checks (for nurses and GPs only) and references which accounted for the conduct of employees who previously worked in health or social care were present. Full employment histories were also noted for each employee. Where any gaps in employment had occurred, the practice asked staff to account for these gaps and this was written down.

During induction staff were required to read practice policies and procedures and sign to indicate they had read them. Staff told us new employees were provided with an induction which included shadowing experienced staff and supervision before they worked alone. This ensured staff had the skills and experience necessary before undertaking the regulated activity. Staff confirmed they could only start working alone with patients once their background checks were completed.

The practice ensured GPs were registered on the medical performers list before they began work. This is a list of medical practitioners who are able to practice clinically in primary medical care.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients receive.

Reasons for our judgement

Patients and staff were asked for their views about their care and treatment and they were acted on. The practice published its findings from its most recent patient survey in March 2013. The results indicated that the vast majority of patients were satisfied with their care and treatment. We discussed patient feedback including the survey with the assistant manager and a GP partner. They told us the practice implemented a new appointment system due to problems with the previous system. They were also aware patients had concerns with the telephony system due to its cost and the waiting times to speak to a receptionist. The GP partners decided to provide a local rate number and new telephony system in early 2014 as a result of the concerns.

We saw the practice held various staff meetings to identify concerns, discuss patient care and treatment and overall performance of the practice. Staff said they were able to provide feedback to the partners and management regarding the practice and that their feedback was considered in the running of the service. We saw minutes from clinical team meetings included discussion of clinical outcomes for patients, significant event analysis and other issues related to the management of the practice. There was evidence that learning from significant events took place and appropriate changes were implemented.

We found the practice had a clinical audit programme. Staff told us audit outcomes were discussed at clinical team meetings. We looked at an audit on patient attendance to the surgery to monitor the effects of specific medications. The audit identified what action had been taken when patients did not attend the practice within designated timescales. The practice used a live tool to monitor patients who were due or overdue to attend the practice for monitoring of specific conditions. This live monitoring assisted the practice to achieve a full quality outcome framework (QOF) score in March 2013. The QOF is a voluntary reward based assessment used to assess GPs achievement against clinical outcomes for patient care.

We saw there were systems for managing staff training and assessing their competency. During appraisals any training required was identified and recorded on a training matrix. This matrix was up to date and enabled the management to book training courses as

appropriate. The provider may find it useful to note that the matrix did not include all training that staff required. For example, safeguarding training was not included on the matrix. Therefore the system did not identify all the training staff may require to perform their specific roles and when this required updating. The assistant manager said the practice would review the training matrix and identify all the training required by staff.

We saw generic building and environmental risk assessments for both practice sites. The Birch Hill site and treatment rooms at the Great Hollands Health Centre site were well maintained. A fire risk assessment contained action to reduce the risk to patients' safety in the event of a fire. We saw evidence this action had been taken.

Hygiene and infection control audits were undertaken at both sites. We saw the most recent audits from October 2013. No concerns were identified in either of the audits. The assistant manager explained that the audits were discussed at nurses' meetings with a partner GP present. They discussed any concerns which needed addressing. We found the Birch Hill site and treatment rooms at the Great Hollands Health Centre site were clean and hygienic.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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