

# Pembroke Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pembroke Surgery on the 9 March 2016. Overall the practice is rated as good. The practice was rated as good for the provision of safe, effective, caring, responsive and well led services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However, some patients reported having to wait sometime to see their preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

A GP in the practice had received training in ultrasound scanning and provided this service to patients of the practice. The service supported patients who were pregnant with routine and non-routine scans and assisted with the diagnosis of abdominal conditions such

# Summary of findings

as gallstones. The GP worked closely with specialists and consultants at the local hospital and was able to seek advice, as required. This offered an improved service and experience for patients of the practice with a reduction in referrals and admissions, more rapid diagnosis and increased scans for pregnant women offering reassurance with early pregnancy concerns.

The areas where the provider should make improvement are:

- Ensure the system for monitoring training is more robust and implement a more consistent approach to the recording of training documentation and dates.

- Consider a review of the PPG virtual group and how this could be further developed to ensure enhanced engagement and involvement with the practice.
- Review the cervical screening and breast cancer screening to increase uptake to nearer the national average.
- Clearly display comments and compliments forms in reception.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- During the inspection, the practice was unable to evidence that all staff had received training appropriate to their role. This was because staff training was not well recorded and there were gaps in some records.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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 practice is rated as good for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A systematic approach to long term condition management and review was in place.
- Multidisciplinary working with community based nurses' ensured patients who were housebound received high quality care and treatment.
- Choose and book support was offered to patients who were unable to use the IT booking system.
- All over 75's were added to an unplanned admissions register with personalised care plans based on individual need.
- A GP regularly visited two local residential homes for patients who had dementia, to provide care and treatment to the residents and support to relatives.

Good



### People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92% and was better than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The lead diabetic nurse worked closely with the local community specialist diabetic nurse and consultant specialist to ensure patients were managed in line with best practice.

Good



# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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. Immunisation rates were comparable to clinical commissioning group averages for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the 12 months from April 2014 to March 2015 that included an assessment of asthma control using the three RCP questions, was 71%, which is slightly lower than the national average of 75%.
- 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 practice's uptake for the cervical screening programme was 77%, which was slightly 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.
- Safeguarding was promoted as everyone's business and all staff had a good understanding of how to identify possible signs of abuse and how to report any concerns.

Good



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

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and young families had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available on a Thursday evening, Friday and Saturday morning.
- Online registration, booking of appointments and ordering repeat prescriptions was available.
- 24/7 telephone appointment booking and cancellation was available.

Good



# Summary of findings

- In house ultrasound and joint injections reduced the need for hospital attendance.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams 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.
- Safeguarding was promoted as everyone's business and all staff had a good understanding of how to identify possible signs of abuse and how to report any concerns.
- Ongoing training was provided to staff to ensure early identification of Female Genital Mutilation (FGM).

Good



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

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia).

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the 12 months from April 2014 to March 2015 was 88% which was higher than the national average 84%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the 12 months April 2014 to March 2015 was 96% when compared with the national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- Patients with dementia were referred to the memory clinic and recommendations highlighted on care plans which were shared with the out of hours provider and other urgent and emergency care organisations.
- Patients had access to talking therapies and self-help techniques.
- 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 a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twenty-nine survey forms were distributed and 114 were returned. This represented approximately 35% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 84% and national average of 85%.
- 91% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 83% and national average of 85%.

- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Four of the comments cards provided mixed feedback but no trends were identified.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. From the most recent Friends and Family Test 75% of patients would recommend Pembroke Surgery to others.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure the system for monitoring training is more robust and implement a more consistent approach to the recording of training documentation and dates.
- Consider a review of the PPG virtual group and how this could be further developed to ensure enhanced engagement and involvement with the practice.
- Review the cervical screening and breast cancer screening to increase uptake to nearer the national average.
- Clearly display comments and compliments forms in reception.

## Outstanding practice

A GP in the practice had received training in ultrasound scanning and provided this service to patients of the practice. The service supported patients who were pregnant with routine and non-routine scans and assisted with the diagnosis of abdominal conditions such as gallstones. The GP worked closely with specialists and

consultants at the local hospital and was able to seek advice, as required. This offered an improved service and experience for patients of the practice with a reduction in referrals and admissions, more rapid diagnosis and increased scans for pregnant women offering reassurance with early pregnancy concerns.

# Pembroke Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspection Manager. The team included a GP specialist adviser, a specialist nurse adviser, a practice manager specialist adviser and an Expert by Experience. A member of the CQC Engagement Team also joined the inspection as an observer.

## Background to Pembroke Surgery

Pembroke surgery is located in a residential area close to Reading town centre. The practice occupies a converted house and has been at the current location since 1989. The practice also offers a service from a branch surgery nearby. This location was not inspected as part of our visit. Pembroke Surgery is the trading name of the limited company.

The Pembroke Surgery site has a car park with disabled parking spaces available. There is ramped access but there are no automated front doors. The Eldon Square location has no parking facilities at the practice. Parking in the surrounding roads is restricted but bus routes pass nearby enabling easy public transport access to the practice.

There are approximately 5,180 patients registered with the practice. The profile of the registered patient group shows a higher than average number aged between 0-4 years and 20-40 years old. The number of patients over 50 is much lower than average. The practice has identified 20% of the patient list turnover each year. The population of the practice has changed significantly over the years with a higher number of patients from minority ethnic

backgrounds. Income deprivation is recognised within pockets of the registered population. Patients are able to access appointments with the GPs and nurses at either of the practice locations.

There is one partner and a salaried GP at the practice. One male and one female. This makes up the equivalent of 1.4 WTE of GPs. There is a part time nurse prescriber and two part-time practice nurses and a part time health care assistant. A member of the practice administration staff also undertakes phlebotomy duties. The practice also has a part-time prescribing pharmacist who has received training enabling him to manage minor illnesses and some long term conditions. The practice manager is supported by an assistant practice manager, a financial accountant and a team of reception and administration staff.

Services are delivered via 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.

The practice is open from 8am to 6.30pm Monday-Thursday and 8am to 6pm on a Friday. Appointments are available between these times at either the Pembroke Surgery or Eldon Square site. Extended hours clinics are offered every Thursday evening until 7.30pm, Friday mornings between 7am and 8am and on Saturdays between 8am and 11am.

Services are provided from:

Pembroke Surgery, 31 Alexandra Road, Reading, Berkshire RG1 5PG and

Eldon Square, Reading, RG1 4DP.

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

# Detailed findings

by calling 111. A message on the practice telephone system advises patients to call this number when the practice is closed. The arrangements in place for services to be provided when the surgery is closed are displayed at the practice, in the patient information leaflet and on the practice website.

This is the first inspection of the Pembroke Surgery.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. The inspection was planned to check whether the provider is meeting 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 a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England, Reading Healthwatch and South Reading Clinical Commissioning Group to share what they knew. We carried out an announced visit on 9 March 2016.

During our visit we:

- Spoke with a range of staff (3 receptionists, 2 administrators, the Practice Manager and Assistant Practice Manager, two GPs, two nurses and the prescribing Pharmacist) and spoke with seven 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 patients needs?
- Is it well-led?

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

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

### Safe track record and learning

There was an effective 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had identified that a patient was added to two different Flu immunisation invitation lists, which resulted in a double Flu vaccination. The practice investigated the incident and actions were put in place to minimise the risk of reoccurrence.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level three for children,
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff who acted as chaperones were trained for the role and had

received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Non-clinical staff who had been trained to undertake chaperone duties had recently applied for a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 had received up to date training. An annual infection control audit was undertaken in 2015 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. On the day of inspection we found there were measures in place to ensure the safety and security of prescription pads.
- 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.
- We reviewed five personnel files and 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.
- 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.

# Are services safe?

## Monitoring risks to patients

Risks to patients were assessed and managed. However, there were some areas of improvement required.

- 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and their policy outlined fire drills would be completed twice a year. However, the previous fire drill was undertaken 12 months ago.. All electrical equipment was checked to ensure the equipment was safe to use and 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 and legionella (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 that enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- An alarm system was in place to alert others in the case of emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- 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 fit for use.

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

### 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 risk assessments, audits 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 results were 92% of the total number of points available, with 9% exception reporting which was similar to the national average. (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). Exception reporting for some clinical indicators was higher than the CCG and national averages. The GP specialist advisor reviewed the exception report and found these were acceptable and genuine exceptions. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 94% compared to the CCG of 90% and national average of 91%.
- Performance for Asthma related indicators was similar to the CCG and national average. The percentage of patients aged 8 or over with asthma (diagnosed on or

after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis was 86% compared to the CCG 87% and national average of 88%.

- Performance for mental health related indicators was better than the CCG and national average. The percentage of patients with a long term mental health problem who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 100% compared with than the CCG 90% and national average of 88%.

We noted that the ratio of reported versus expected prevalence for Coronary Heart Disease and Chronic Obstructive Pulmonary Disease (01/04/2014 to 31/03/2015) was lower than the CCG average. The GP specialist advisor reviewed this with a GP from the practice and identified the significantly lower than average population of over 50 years meant a lower prevalence would be seen for these conditions.

Clinical audits demonstrated quality improvement.

- We saw six clinical audits which had been completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Information about patients' outcomes was used to make improvements. For example,

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the monitoring and recording of staff training required improvement.

- The practice had an induction programme for all newly appointed staff. It 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. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an

# Are services effective?

## (for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- On the day of inspection, the systems in place to monitor training and identify when updates were required were inconsistent. The records of training were not stored in an easily identifiable format. Although the staff we spoke with told us they had received training in the mandatory topics, there were gaps in the training records for safeguarding, infection control, mental capacity act and fire safety.

### 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Clinical 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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 records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and dementia. Patients were then signposted to the relevant service.
- A full smoking cessation service was available on the premises and dietetic support was available via referral locally if required.
- One member of staff ensured that information was available in the patient waiting room, for those caring for patients with dementia. The leaflets about dementia were available in other languages commonly spoken by patients of the practice.
- The member of staff also identified local charity support for patients of the practice and signposted or sought support for individuals. For example, patients of a local care home were assisted to seek support from a befriending service.

## Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 77%, which is slightly 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. From data published in March 2015, 60% of patients aged between 50-70 years received a breast screening test within the previous three years, which was lower than the CCG and national average of 66% and 72%.

The percentage of patients who attended bowel screening in the previous 30 months was 53%, which was higher than the CCG average of 50% and lower than the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 95% compared to 81% to 93% and five year olds from 79% to 81% compared to 79% to 91%.

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

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. 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 patients felt they were treated with compassion, dignity and respect. The practice was above average or comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 85% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

### 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%)
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

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.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% (61) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a sympathy letter or end of life care documentation was always sent as per the practices bereavement follow up policy.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and South Reading Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Thursday evening, Friday and Saturday morning.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a prescribing pharmacist who undertook medication reviews and saw patients with minor ailments.
- Appointments were available outside school hours to minimise disruption to school attendance.
- Online facilities were available to register with the practice, for appointment booking and repeat prescription requests.
- 24/7 telephone appointment booking and cancellation was available.
- Text reminders were sent to patients regarding their next appointments.
- One GP provided two-weekly support to two nearby care homes. Supporting families and residents of the home.
- A regular midwife attended the practice and worked closely with the GP who provided ultrasound scanning for patients. This service provided reassurance for patients with early pregnancy concerns and other pregnancy related conditions. It reduced the need for some hospital visits and admissions.
- Ultrasound scanning is also available for abdominal conditions and other treatments.

### Access to the service

The practice was open between 8am-6:30pm Monday to Thursday and 8am-6pm on Fridays. Extended surgery hours were offered at the following times; Thursday until 7:30pm, Friday mornings between 7am and 8am and Saturday mornings between 8am and 11am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 88% of patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 64% of patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

Patients told us on the day of the inspection that they were sometimes able to get appointments when they needed them. Others reported that they normally had to wait weeks to see their preferred GP. We reviewed appointment availability on the day of inspection and found reasonable waiting times for a range of appointment types:

- An urgent appointment could be offered that day with triage initially.
- Routine appointments with both GPs were available around a week later.
- A cervical screening appointment with the nurse was available three working days later.
- A blood test appointment was available four working days later.

### 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. A poster advised

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

patients how to make a complaint in the waiting room and on the practices website. However, comments and complaints forms were not available for patients to pick up on without approaching a member of staff.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice demonstrated an openness and transparency with dealing with the complaints.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, complaints on the NHS Choices were not always responded to. The practice reviewed this following a significant complaint being added to the Choices website and they now had access to provide supportive responses to users raising comments or concerns.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- Staff worked together to ensure all patients received high quality, safe and professional primary care services.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice's medium term goal was to merge with two other South Reading practices in a purpose built medical centre near the Royal Berkshire Hospital in Reading.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Records relating to the management of regulated activity were not always stored consistently. For example, on the day of inspection there were gaps in the training records of some staff.

### Leadership and culture

The GP and directors in the practice prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The staff we spoke with told us they enjoyed working for Pembroke Surgery. All of them explained how much they enjoyed the variety of their roles and they worked with a really supportive team.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GPs, management and directors of the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 virtual patient participation group (PPG) and through surveys and complaints received. However, we found the PPG virtual group was not effectively

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involved and engaged in the practice. The virtual PPG and members contributed to the development of patient surveys and occasionally submitted proposals for improvements to the practice management team. For example, one PPG member suggested the practice use text reminders to reduce the number of unattended appointments, which the practice implemented.

- We met with a member of the PPG on the day of inspection. They explained their proposal to improve the involvement and engagement of the PPG within the practice, which they planned to share with the practice management team shortly after the inspection.
- The practice had gathered feedback from staff through staff meetings, appraisals and open discussions. 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 involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was one of the first practices to use a prescribing pharmacist who was employed by the practice and made a difference to the availability of care and treatment to patients. They provided medication reviews and appointments to see patients with minor ailments. The pharmacist could refer patients with more serious underlying conditions to the GP.