

Peppard Road Surgery

Quality Report

Peppard Road Surgery
45 Peppard Road
Caversham
Reading
Berkshire
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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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

At our previous inspection in November 2014 the practice had an overall rating as Requires Improvement. We carried out a desktop follow up inspection in August 2015 and March 2016 to ensure improvements had been made and to review if the service was meeting regulations. Following the March 2016 inspection, we found the practice had made improvements and as a result we updated the overall rating to Good.

Following the November 2017 inspection, the key questions are rated as:

- Are services safe? – Requires improvement
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

- Older People – Good
- People with long-term conditions – Good
- Families, children and young people – Good

- Working age people (including those recently retired and students) – Good
- People whose circumstances may make them vulnerable – Good
- People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Peppard Road Surgery in Caversham, Berkshire on 21 November 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Peppard Road Surgery was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- There was an effective system in place for reporting and recording significant events.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had defined systems, processes and practices to minimise risks to patient safety. However, we found these systems had not monitored some risks associated with the management of medicines or infection control.

Summary of findings

- Staff had received training appropriate to their roles and the population the practice served.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We received positive feedback from patients which accessed GP services from the practice. This feedback aligned to other feedback about the practice including feedback collated through the GP national patient survey.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends.
- We saw a systematic approach to managing patient demand whilst there was an unprecedented amount of change within the local health services.
- The practice had clear and visible clinical and managerial leadership and supporting governance arrangements. These arrangements had been strengthened over the last two years with a business manager joining the practice and supporting the two GPs.

We saw an area of outstanding practice:

- The practice provided outstanding access to appointments. The national GP survey indicated 100% of patients found it easy to get through to the practice by telephone. This was significantly better when compared to the CCG average (74%) and national average (71%). Similarly, 91% of patients described

their experience of making an appointment as good. This was significantly better when compared to the CCG average (74%) and the national average (73%). This was confirmed by the 70 comment cards and the six patients we spoke with. Continuity of care was provided by the practice through the availability and longevity of GPs and staff. This enabled the GPs to have acquired extensive knowledge about patients changing health care needs and social circumstances. Feedback from patients indicated this information was used during regular consultations to provide meaningful emotional support and personalised care.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients and assess the risks to the health and safety of service users receiving care and treatment; for example risks associated with medical emergencies, medicines management and infection prevention control.

The areas where the provider **should** make improvements are:

- Review practice procedures to ensure that the outcomes for patients with long term conditions are improved, specifically for patients with diabetes.
- Undertake a full review of the requirements of the Accessible Information Standard.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Peppard Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Peppard Road Surgery

Peppard Road Surgery is located in a converted residential dwelling in Caversham, Reading in Berkshire. The practice is one of the practices within North and West Reading Clinical Commissioning Group (CCG) and provides general medical services to approximately 2,700 registered patients. The number of registered patients has increased by approximately 500 (a percentage increase of 20%) over the last two years following changes in the local health economy.

Services are provided from:

- Peppard Road Surgery, 45 Peppard Road, Caversham, Reading, Berkshire, RG4 8NR.

Online services can be accessed from the practice website:

- www.peppardroadsurgery.co.uk

According to data from the Office for National Statistics, Caversham has high levels of affluence and low levels of deprivation.

The practice population has a significantly higher proportion of patients aged between 25 and 49 when compared to the local CCG and national averages whilst there is a lower proportion of patients aged 54 and over.

The number of patients registered at Peppard Road Surgery with a long-standing health condition and the proportion of unemployed patients registered in the area, was lower when compared to the CCG average and national average.

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Infection prevention control correspondence did not align to the policy, operating procedures or the findings in the infection control audits.
- Medicines and vaccines were not stored in accordance with Department of Health guidance.
- The practice did not have suitable arrangements to deal with medical emergencies.

Safety systems and processes

The practice had clear systems to keep patients safeguarded from abuse.

- The practice conducted safety risk assessments. Staff received safety information for the practice as part of their induction and refresher training. This aligned to the correspondence in the recruitment and staff file. The practice had systems to safeguard children and vulnerable adults from abuse. Standard operating procedures were up to date, reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. We also saw additional training for the two GPs which was specific to the needs of the local community. For example, there was Female Genital Mutilation (FGM) awareness training and

radicalisation awareness training including warning signs and legal obligations for reporting any suspected or identified cases. Staff who acted as chaperones were trained for the role and had received a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We saw two infection prevention control policies and various supporting procedures including annual infection control audits. However, the supporting correspondence did not align to the policies and or the findings in the audits.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, there was a schedule of Portable Appliance Testing (PAT) and calibration testing.
- There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. These arrangements were both planned and flexible to support all practice staff as all staff except for the senior partner worked part-time, most staff worked six to 12 hours per week. Administration and reception staff worked flexibly and covered periods of absence due to sickness or holiday. The practice rarely used GP locums and the two GPs provided cover for each other.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections. We saw there was a meningitis and septicaemia symptom red flag checklist to support staff in their decision making. Meningitis and septicaemia are serious infections, without quick treatment, these infections can lead to multiple organ failure and death.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment required improvement.
- There was a named, trained, person responsible for ordering, receipt and care of vaccines with awareness of the importance of good vaccine management. There were three refrigerators within the practice, we identified one of the refrigerators was a domestic refrigerator used to store temperature sensitive medicines, such as vaccines. Guidance from Public Health England states that only properly validated pharmaceutical refrigerators should be used for storing medicines of this type. Immediately after highlighting this to the practice, we saw the practice had reviewed guidance and were making necessary improvements which included a new suitable pharmaceutical refrigerator to replace the domestic refrigerator.
- During the inspection we observed the supply of oxygen within the practice was out of date. The practice immediately resolved this concern and replaced the oxygen cylinder.
- We reviewed the practice's storage of emergency medicines and found the practice did not have all the recommended medicines to deal with medical emergencies. There was an anaphylaxis kit which included adrenaline and all the medicines were within expiry dates and stored appropriately. However, there was not a supply of Diclofenac (intramuscular injection) which is used in the treatment of painful conditions such as injuries and fractures. A risk assessment to demonstrate how risks to patients would be mitigated in the absence of this medicine had not been completed.

- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship; this included clinical audit activity reviewing antibiotic prescribing for throat infections and urinary tract infections.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately; we saw the practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were health and safety related policies available. Staff had received relevant training in health and safety. The practice had risk assessments in place to monitor safety of the premises such as fire safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Staff told us the GPs supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we reviewed a significant event which highlighted an administrative error when responding to a patient's request for a test result. We saw the practice had reviewed the event and adapted the operating procedure to ensure this did not happen again. All members of staff we spoke with were aware of the change in process and new procedure.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians (GPs and nurse) assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental, emotional and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.02. This was better when compared to the national average (0.98). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.81. This was better when compared to the CCG average (0.96) and national average (1.01). Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was better (3.9%) when compared to the national average (4.7%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Clinical staff and prescribing data evidenced the practice prescribed

antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.

Older people:

- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were similar when compared with national averages. For example, Peppard Road Surgery had achieved 89% of performance targets for osteoporosis (osteoporosis is a condition that weakens bones, making them fragile and more likely to break) indicators. This was similar when compared to the national average (91%).
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The GPs undertook home visits to older patients when required to review their care needs and administer vaccinations, such as the flu immunisation.

People with long-term conditions:

- The number of patients registered at Peppard Road Surgery with a long-standing health condition was 39%. This was lower when compared to the local CCG average (52%) and the national average (53%).
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Overall the performance for diabetes related indicators showed the practice had achieved 77% of targets which was lower when compared to the CCG average (92%) and the national average (91%). However, in some of the sub indicators which measured specific elements of diabetes performance we saw the practice was performing better when compared to the CCG and national averages. The practice was aware of the low

Are services effective?

(for example, treatment is effective)

overall achievement, to improve the outcomes for diabetic patients there were regular virtual diabetes clinics with a community diabetic specialist to discuss and advise on the management of particular patients.

- Patient literature was displayed throughout the practice; this included specific information to support patients with long-term conditions. For example, the practice highlighted and supplied literature for free online programme which supported diabetic patients and diabetes related wellbeing.

Families, children and young people:

- Childhood immunisation rates for the vaccinations were mixed. For example, for children under two years of age, four immunisations are measured; each has a target of 90%. The practice only achieved the target in one area (96%); in the three remaining areas the practice scored 84%, 81% and 87%. The practice was aware of this and provided evidence that there were irregularities in the recording of immunisations. In the previous years, before the introduction of the immunisation recording system, immunisation rates were higher than local and national averages. Immunisation data for children aged five, was similar when compared to local and national averages.
- The practice had arrangements to identify and review the treatment of pregnant women including treatment for newly pregnant women and women at the end of their pregnancy as they prepared for labour.

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

- The practice's uptake for cervical screening was 80%, which was similar when compared to the local CCG (82%) and national average (81%). Patients who did not attend for screening were followed up by the practice.
- The practice had systems for eligible patients to have the meningitis vaccine. The meningitis ACWY vaccines offers protection against four types of bacteria that can cause meningitis – meningococcal groups A, C, W and Y. Young teenagers, sixth formers and "fresher" students going to university for the first time were advised to have the vaccination.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher when compared to the local average (83%) and the national average (84%).
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher when compared to the local CCG average (85%) and national average (90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 93% of patients experiencing poor mental health had discussed and had advice about smoking cessation. This was similar when compared to the national average (95%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 85% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96%.

- The overall QOF achievement was below local and national averages. The practice told us and we saw evidence that this was attributed to the low overall exception reporting rate which was 4%, this was better when compared with the local CCG average of 8% and the national average of 10%. We saw good recall systems and both of the GPs told us they kept patients under close review and very rarely excluded them from QOF calculations. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- We saw the Senior GP completed a variety of searches and regular reviews using tools within QOF and the

Are services effective?

(for example, treatment is effective)

clinical system to monitor and improve patient outcomes. Both GPs also told us they used their professional judgement and continued to treat patients in accordance with best clinical practice guidelines as clinically appropriate in relation to those indicators no longer in QOF.

- Despite rapid growth within the patient population (an additional 500 patients, which equated to a 20% increase) all staff described how they delivered integrated, holistic and patient-centred care, this care was not always recorded via the QOF collection system.

The practice reviewed the effectiveness and appropriateness of the care provided. The practice was involved in quality improvement activity; this improvement was mainly recorded through various searches. We saw clinical audit activity, both completed and current activity. We saw annual audits reviewing the provision of vitamin B12 injection. Current clinical audit activity reviewed antibiotic prescribing within the practice for throat infections and urinary tract infections.

However, the practice acknowledged there had not been a planned approach or programme of clinical audits. This was being addressed and would include members of the clinical team completing audits within their specialist fields.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop. We saw a variety of training certificates which demonstrated training had been completed.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision.
- There was an approach for supporting and managing staff when their performance was poor or variable.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. For example, patient's individual records were written and managed in a way to help ensure care was co-ordinated safety. The practice used both handwritten notes and an electronic clinical system which collated all communications about the patient. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns, healthy eating, stop smoking campaigns and tackling obesity.
- Chlamydia screening was available to patients.
- Information from Public Health England showed the practice had identified the smoking status of 91% of patients over the age of 16. This was similar when compared with the CCG average (95%) and the national average (94%). Smoking cessation advice was offered opportunistically.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's

mental capacity to make a decision. For example, the nurse described a recent example when they assessed (with the support of a GP) a patient's mental capacity when they attended for a flu immunisation.

- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- Written and verbal patient feedback commented practice staff gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All of the 70 patient Care Quality Commission comment cards we received and the six patients we spoke with were positive about the service experienced. Patients expressed gratitude towards staff and stated how fortunate they felt to have such an excellent service locally.

This feedback was in line with the results in the July 2017 annual national GP patient survey, which was positive. There had been 265 surveys sent out and 121 were returned. This represented approximately 4.4% of the practice population.

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average (89%) and the national average (89%).
- 88% of patients who responded said the GP gave them enough time; CCG average - 85%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 87%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; CCG average - 91%; national average - 91%.

- 90% of patients who responded said the nurse gave them enough time; CCG average - 93%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 98%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 92%; national average - 91%.
- 98% of patients who responded said they found the receptionists at the practice helpful; CCG average - 88%; national average - 87%.

These scores were consistent with previous year's results and were proactively reviewed as the practice endeavoured to improve already high levels of patient satisfaction.

Involvement in decisions about care and treatment

Staff facilitated patients involvement in decisions about their care. The practice was not fully aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) but there were arrangements to meet the broad range of communication needs within the patient population. These included:

- All staff we spoke with were aware that translation services were available for patients who did not have English as a first language. The practice advised there was little call for translation services. During the inspection, we did not see notices informing patients that this service was available.
- Staff communicated with patients in a way that they could understand, for example, patient information leaflets printed and emailed when appropriate.
- Staff helped patients and their carers find further information and access community and advocacy services, including information and patient literature from Reading and West Berkshire Carers Hub (a local service which supported unpaid, family carers in the local area).

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers, this equated to approximately 2% of the practice

Are services caring?

list. The patient population was increasing, to further increase the identification of carers, we saw the practice had adapted the new patient registration form to record new patients with caring responsibilities.

- Staff within the practice had a comprehensive knowledge of each individual patient's social and medical needs. This enabled the practice to respond quickly to patient needs in the most appropriate way and to effectively deliver the practice mission statement to 'deliver a friendly, holistic, patient-centred service'. Feedback from patients told us that they appreciated the continuity of care this system provided and felt it offered the opportunity for improved relationship building between themselves and their GP.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We received written and verbal patient feedback which indicated patients were very positive about the emotional support they were offered.

Results from the national GP patient survey showed patients satisfaction to questions about their involvement in planning and making decisions about their care and treatment was similar when compared to local and national averages:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments; CCG average - 87%; national average 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 82%; national average - 82%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 90%; national average - 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' confidentiality, dignity and respect. The practice had reviewed patient confidentiality as patient conversations could be overheard as the waiting area was adjacent to the reception desk. To address this and reduce the likelihood of this happening the practice played music in the waiting area.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice population had a significantly higher proportion of patients aged between 25 and 49 when compared to the local CCG and national averages. We received overwhelmingly positive feedback from patients who utilised telephone and email GP consultations. Feedback highlighted this access supported patients who were unable to attend the practice during normal working hours.
- Same day urgent appointments were available for all patients with no restrictions for those patients with medical problems that require same day consultation.
- Peppard Road Surgery was a member of The Family Doctor Association. This association unites GP practices that offer patients the opportunity to see their own GP, promoted the importance of continuity of relationship in family medicine and encouraged GP practices to recognise its importance in the delivery of quality primary health care.
- The practice was located within a converted detached house, the premises had been renovated and the facilities were appropriate for the services delivered. For example, all patient services were located on the ground floor. There was ramp access to the entrance for wheel chairs and push chairs. Accessible toilet facilities were available for all patients attending the practice and reception desk was at a height suitable for most patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice population has a significantly lower proportion of patients aged 70 and over.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also provided home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- The practice ensured patients with newly diagnosed long-term conditions were responded to and received timely appropriate care. For example, 100% of newly diagnosed patients with diabetes, had been referred to a structured education programme within nine months after entry on to the diabetes register. This was higher when compared to the CCG average (95%) and national average (93%).
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice told us many of their patients were of working age professionals in stressful occupations. We saw the practice referred patients for anxiety or stress related conditions to NHS talking therapies or private clinics (when appropriate).

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

- There was only one patient on the learning disabilities register, we saw they have had an annual health check and throughout the year the practice reviewed their care and treatment. We saw how the practice supported vulnerable patients to make decisions through the use of personalised care plans which they were involved in agreeing.
- The practice offered longer appointments and appointments at specific times of the day and week for patients living in vulnerable circumstances. This enabled patients to have questions answered without time constraints.

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

- The GPs referred patients to the local memory assessment clinics when needed.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.

Timely access to the service

Despite an increase in the patient population, patients were still able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly higher when compared to local and national averages. Notably, telephone access to services was much higher than local and national averages. For example:

- 88% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 100% of patients who responded said they could get through easily to the practice by phone; CCG average - 74%; national average - 71%.

- 94% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried; CCG average - 86%; national average - 84%.
- 95% of patients who responded said their last appointment was convenient; CCG average - 82%; national average - 81%.
- 91% of patients who responded described their experience of making an appointment as good; CCG average - 74%; national average - 73%.
- 84% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 62%; national average - 58%.

Written feedback on CQC comment cards and verbal feedback regarding access to appointments aligned to the survey results and patients commented they could always access appointments.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately. Staff we spoke with were aware of their role in supporting patients to raise concerns.
- The complaint policy and procedures were in line with recognised guidance. The Senior GP was the designated responsible person who handled all complaints in the practice.
- No complaints had been received in the last 12 months, this aligned to the high levels of patient satisfaction and the positive feedback we collected during the inspection. The Senior GP advised if an apology was ever required this would be issued to the patient and the practice would offer complainants the opportunity to meet with practice staff. Furthermore, as part of the practice's analysis of the significant events, we saw the practice had reviewed all the comments including critical comments to ensure any patterns or trends were analysed and subsequent learning shared.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing well-led services.

Leadership capacity and capability

Staff within the practice had the capacity and skills to deliver high-quality, sustainable care.

- Staff had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of local and national services. They understood the challenges within the local health economy including increased demand on GP services.
- The GPs were visible and approachable. They provided continuity of care for their patients through long standing staff and one of the two GPs was always available. The GPs worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The GPs had reviewed the day to day management of the practice and had identified a need to obtain support to reduce their management responsibility. This support was provided by a business manager from a neighbouring practice. Staff spoke highly of this arrangement and the wealth of experience they had already shared and embedded into the practice.

Vision and strategy

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

- There was a vision, set of values and statement of purpose which included the aim to provide a 'friendly, convenient, holistic, patient-centred and efficient service.' Our discussions with staff and patients indicated the values were embedded within the culture of the practice and continuity of care through long standing staff.
- We saw a systematic approach to managing patient demand whilst there was an unprecedented amount of change within the local health services. All staff we spoke with wanted to work in partnership with the patients to navigate changes whilst ensuring the best possible care was always available.

- There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to the practice, and made in-depth consideration to how they would be managed.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work at Peppard Road Surgery.
- The practice focused on the needs of patients.
- Openness, honesty and transparency was demonstrated. This was evident through the significant events that had been analysed and reviewed by the practice. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need.
- Due to the large number of part-time staff and availability of all staff for team meetings was difficult to manage. Communication was mainly verbal and memorandums to individual staff.
- All staff we spoke to said, they were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. These arrangements had been strengthened over the last two years with a business manager joining the team and supporting the two GPs.

- Structures, processes and systems to support good governance and management were set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.

Are services well-led?

Good 

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

- The practice had established procedures and activities to ensure safety and assured themselves that they were operating as intended. However, during the inspection we found concerns relating to the governance arrangements which monitored the management of medicines and infection prevention control.

Managing risks, issues and performance

With the exception of the concerns we found regarding the management of medicines, there were clear and effective processes for managing most risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. This included processes should the patient population continue to increase.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All staff had signed a confidentiality agreement and we saw records of these. GPs were diligent in maintaining records and audit trails of all communication and referral letters.

Engagement with patients, the public, staff and external partners

The practice actively involved staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. This was collaborated through our discussions with patients.
- Although the practice did not have a patient participation group; we saw the practice sought patients' feedback and engaged patients in the delivery of the service. For example, they had reviewed all feedback on NHS Choices website, NHS Friends and Family Test results, Iwantgreatcare.org website (a website which allows NHS and private health care patients to rate individual GPs and nursing staff on the care they provide) and the most recent 'Enter & View' report compiled by Healthwatch Reading. 'Enter and View' is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how services are being delivered, to collect the views of service users at the point of delivery, and to collect the views of carers and relatives of service users from a lay persons perspective.
- Furthermore, we saw the practice had campaigned with local residents to introduce parking restrictions outside the practice. This was to ensure parking spaces would be available for patients, particularly older patients or those with mobility difficulties.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on improvement within the practice. For example, one of the GPs had attended an NHS England development programme. This programme, known as 'Time for Care' supports practices implement change to release GP time quickly, safely and sustainably.
- The practice was reviewing the range of services and appointments provided to continue to improve patient access. For example, the practice was reviewing the provision of nurse related appointments and had held discussions with a local practice to see if there was potential for Peppard Road Surgery patients to attend chronic disease nurse clinics at another practice, similar to the existing phlebotomy arrangements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not assess the risks to the health and safety of service users receiving care and treatment; for example:</p> <p>The provider had not ensured that there was adequate infection control. For example, the provider had completed infection control audits; however these audits did not align to the infection control policies and supporting correspondence.</p> <p>The provider had not ensured that vaccines were stored in line with Department of Health guidance and there was medicines management policy to support this</p> <p>A risk assessment had not been completed to demonstrate how risks to patients will be mitigated in the absence of a recommended emergency medicine.</p> <p>This was in breach of regulation 12 (1) (2) (a, b, f, g and h) of the Health and Social Care Act</p>