

Green Meadows Partnership

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

Following a comprehensive inspection of Green Meadows Partnership, Ascot, Berkshire in June 2015, the practice was given an overall inadequate rating and a decision was made to place the practice in special measures.

The practice was rated inadequate in the safe and well-led domains, requires improvement in the effective and responsive domains and good in the caring domain. In addition, all six population groups were rated as inadequate.

This provider had been inspected thrice before in February 2014, September 2014 and June 2015. On all three previous inspections we found that the practice was not meeting all the essential standards of quality and safety.

When the practice was inspected in February 2014 we identified breaches in the regulations relating to safeguarding, cleanliness and infection control and assessing and monitoring the quality of service provision.

We undertook a follow up inspection in September 2014 to review the previous breaches in regulations. We found the provider had not acted upon the information provided to them in February 2014 and further breaches were found in relation to cleanliness and infection control and assessing and monitoring the quality of service provision.

Following a comprehensive inspection in June 2015, the practice was given an overall inadequate rating and a decision was made to place the practice in special measures

We carried out an announced comprehensive inspection at Green Meadows Partnership on 11 February 2016, to consider whether sufficient improvements had been made. The provider had addressed the concerns we had at the previous three inspections (February 2014, September 2014 and June 2015). Overall the practice is rated as good at this inspection.

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

Summary of findings

- The practice had a clear vision that had improvement of service quality and safety as its top priority. The practice fully embraced the need to change, high standards were promoted and there was good evidence of team working.
- 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, this included recruitment checks and completed actions following infection control concerns we identified at the June 2015 inspection.
- Feedback from patients about their care was consistently and strongly positive. However, not all patients were satisfied with telephone access to the practice.
- Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed below the local Clinical Commissioning Group and national averages in obtaining points available to them for providing recommended care and treatment to patients. The practice maintained a comprehensive understanding of the performance and we saw areas of low performance specifically diabetes and mental health indicators had been reviewed and action plans implemented.
- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- We found there was good staff morale in the practice, with high levels of team spirit and motivation. There was a strong learning culture evident in the practice. This came across clearly through discussions with staff members.
- It was evident the practice had gone through a period of transition including the implementation of a new management team. There was now a clear leadership structure and staff felt supported by management.

However, there were areas where the practice needs to make improvements. Importantly the provider should:

- Improve patient outcomes through the measures of the Quality and Outcomes Framework. (QOF, is a system intended to improve the quality of general practice and reward good practice). Specifically, diabetes and mental health (including dementia) outcomes.
- Continue to review and improve how telephone calls are handled by the practice to ensure patients are able to contact the practice without difficulty.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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.

Following our previous inspection in June 2015 the practice had made significant improvements in areas relating to medicines management, infection control, staff recruitment and relevant role specific training on safeguarding.

In addition, at the inspection on 11 February 2016, we found:

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal and written apology. Patients were told about any actions 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, this included prescription security, recruitment checks and the practice had completed actions following infection control concerns we identified at the previous inspections.

Good



Are services effective?

The practice is rated as good for providing effective services.

Following our previous inspection in June 2015 the practice had made significant improvements in areas relating to relevant role specific staff training, personal development plans for all staff and an induction programme and training for all newly recruited members of staff.

In addition, at the inspection on 11 February 2016, we found:

- Data from the Quality and Outcomes Framework 2014/15 showed patient outcomes were lower when compared to the local and national averages.
- Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely.

Good



Summary of findings

- There was an ongoing programme of clinical audits which demonstrated quality improvement.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- 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. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.

Are services caring?

The practice is rated as good for providing caring services.

Following our previous inspection in June 2015 the practice had made significant improvements in areas relating to relevant role specific staff training, personal development plans for all staff and an induction programme and training for all newly recruited members of staff.

In addition, at the inspection on 11 February 2016, we found:

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored higher when compared to the local Clinical Commissioning Group (CCG) and national averages for satisfaction scores on consultations with GPs, nurses and interactions with reception staff. For example, 94% said the last GP they spoke to was good at treating them with care and concern. This was higher when compared to the CCG average (83%) and national average (85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture and staff treated patients with kindness and respect, and maintained patient and information confidentiality. We found positive examples of staff going that extra mile to provide a caring service.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Following our previous inspection in June 2015 the practice had made significant improvements in areas relating to the management of feedback from patients including complaints and concerns.

In addition, at the inspection on 11 February 2016, we found:

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, an agreement and patient pathway with the local Out of Hours service enabling timely care and treatment.
- Feedback from patients reported that access to a named GP and continuity of care was available quickly, and urgent appointments were available the same day. However, 52% of patients said they could get through easily to the surgery by telephone. This was lower when compared to the CCG average (72%) and national average (73%) and was being reviewed by the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Are services well-led?

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

Following our previous inspection in June 2015 the practice had made significant improvements in areas relating to the leadership, culture and governance arrangements within the practice.

In addition, at the inspection on 11 February 2016, we found:

- There was now 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.
- 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.

Good



Summary of findings

- 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. There was an active patient participation group and a high level of constructive engagement with staff and a high level of staff satisfaction.
- In August 2015 the practice was issued with a Care Quality Commission report which highlighted five regulatory breaches relating to the management of medicines, recruitment, staffing, infection control and governance. We found all the actions had been completed at the inspection on the 11 February 2016. The practice had responded positively to the report compiled by the commission, where action was required, for example, they had implemented effective infection control procedures and actions.

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 people.

- 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. Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching the end of life. The practice was aware of the gold standards framework for end of life care and knew how many patients they had who were receiving palliative care including a palliative care register.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, 100% of patients aged 50 or over (and who have not attained the age of 75) with a fragility fracture and confirmed diagnosis of osteoporosis, were currently treated with an appropriate bone-sparing agent. This is higher when compared to the local Clinical Commissioning Group (CCG) average (92%) and national average (92%).

Good



People with long term conditions

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

- The GPs and nursing team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority.
- The practice actively screened patients for various long-term conditions during a new patient check and other health reviews. There was a high prevalence of diabetes within the

Good



Summary of findings

patient population; this was a result of pro-active case finding for undiagnosed patients. The practice followed up patients with borderline results and test patients with potential symptoms for example, non healing wounds and blurred vision. This proactive approach has resulted in an increased number of diabetic patients, for example, there had been 10 new diagnoses of diabetes in January 2016.

- Outcomes for patients who use services were consistently very good. Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed well in the management of long-term conditions with the exception of diabetes. This may be a result of the high prevalence and rapidly increasing number of diabetic patients. For example: QOF performance for diabetes related indicators was 85%; lower when compared to the CCG average (95%) and the national average (89%).

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 people who had a high number of A&E attendances.
- There was a designated staff member who arranged and scheduled immunisations. This was evident as immunisation rates were higher when compared to the CCG and national averages.
- 73% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. This was lower when compared to the national average, 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 91%, which was significantly higher when compared to the CCG average (78%) and the national average (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.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Following the June 2015 inspection, we saw the practice had relaunched a website including updated information on practice opening hours and services available. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided a full travel vaccine service (excluding yellow fever).

Good



People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability. It had carried out annual health checks for patients with a learning disability and there was evidence that these had been followed up.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told 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.

Good



People experiencing poor mental health (including people with dementia)

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

- 76% of patients experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was lower when compared to the local CCG average (92%) and national average (88%).

Good



Summary of findings

- 78% of patients diagnosed with dementia whose care has been reviewed in a face-to-face review. This was lower when compared to the local CCG average (83%) and national average (84%).
- We saw detailed assurance that this level of performance was being addressed. Actions included specific meetings, patient recalls and medicines reviews. In addition, one of the nurses has been allocated protected time to start reviewing patient lists and has dedicated clinics and telephone time to address any areas of lower performance.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results indicated a mixed response, in some areas the practice was performing significantly higher when compared to local and national averages whilst in other areas the practice was performing lower than these averages. On behalf of NHS England, Ipsos MORI distributed 241 survey forms and 106 forms were returned. This was a 44% response rate and amounts to just above 1% of the practices patient population. Results from the survey showed:

- 52% of patients found it easy to get through to this surgery by phone (CCG average 72%, national average 73%).
- 61% of patients described their experience of making an appointment as fairly good or very good (CCG average 71%, national average 73%).
- 89% of patients found the receptionists at this surgery helpful (CCG average 84%, national average 87%).

- 90% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 74% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received.

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.

We spoke with three local care homes and the school which the practice provided the GP service for. They all fully praised the practice, told us they highly recommend the practice and told us the service they received was responsive to patients needs and treated them with dignity and respect.

Areas for improvement

Action the service SHOULD take to improve

- Improve patient outcomes through the measures of the Quality and Outcomes Framework. (QOF, is a system intended to improve the quality of general practice and reward good practice). Specifically, diabetes and mental health (including dementia) outcomes.

- Continue to review and improve how telephone calls are handled by the practice to ensure patients are able to contact the practice without difficulty.

Green Meadows Partnership

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, a practice manager specialist adviser and a CQC national nurse adviser.

Background to Green Meadows Partnership

Green Meadows Partnership has been a family practice since the 1930s and is situated in Ascot, Berkshire. Green Meadows Partnership is one of 15 practices within Bracknell and Ascot Clinical Commissioning Group (CCG). There are approximately 10,000 registered patients. The practice comprises of two buildings, one of which is a purpose built surgery and the other a converted suburban house known as Knightswood.

All services are provided from:

- Green Meadows Partnership, Winkfield Road, Ascot, Berkshire SL5 7LS

There are six GPs (two male and four female) at the practice comprising of four partners and two salaried GPs. The all-female nursing team consists of five practice nurses with a mix of skills and experience.

A practice manager, two assistant practice managers and a team of 15 administrative staff undertake the day to day management and running of the practice. The practice has a General Medical Services (GMS) contract.

The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional

training to gain experience and higher qualifications in general practice and family medicine. No GP Registrars have been working at the practice whilst the practice has been in special measures.

The practice is open between 8am and 6:30pm Monday to Friday. An extended hours services, aimed at patients who may have difficulty attending the surgery for planned care appointments during normal opening hours was available, this service provides pre-bookable, planned GP and nurse appointments in the evening Monday to Friday (6:30pm-8pm) and Saturdays (8am-1:30pm) at a central Bracknell location.

The practice population has a proportion of patients in three local care homes (119 registered patients) and one local independent boarding school for girls (98 registered patients). With 1.17% of patients in a residential or nursing home (higher than the national average), the practice holds twice weekly clinics at three local care homes.

The practice population has a higher proportion of patients aged 45-85 compared to the national average. There is minimal deprivation according to national data. The prevalence of patients with health-related problems in daily life is 34% compared to the national average of 49%.

Over the previous two years the practice has seen a significant amount of change, several different practice managers, GP partners leaving, instability and a lack of clear leadership and management.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

The practice was first inspected in February 2014 and we identified breaches in the regulations relating to safeguarding, cleanliness and infection control and

Detailed findings

assessing and monitoring the quality of service provision. We undertook a follow up inspection in September 2014 to review the previous breaches in regulations. We found the provider had not acted upon the information provided to them in February 2014 and further breaches were found in relation to cleanliness and infection control and assessing and monitoring the quality of service provision.

Following a comprehensive inspection in June 2015, the practice was given an overall inadequate rating and a decision was made to place the practice in special measures.

The practice was rated inadequate in the safe and well-led domains, requires improvement in the effective and responsive domains and good in the caring domain. In addition, all six population groups were rated as inadequate.

This inspection was carried out to consider if all regulatory breaches identified in the June 2015 inspection had been addressed and to consider whether sufficient improvements had been made.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The practice was previously inspected in February 2014, September 2014 and again in June 2015. After the June 2015 inspection the practice was rated as inadequate for safe and well-led domains, requires improvement in the effective and responsive domain. The practice was rated as good for caring. The overall rating for the practice was inadequate and they were placed into special measures.

The practice was found to be in breach of five regulations of the Health and Social Care Act 2008.

Requirement notices were set for the regulations relating to safe care and treatment, fit and proper persons were employed and staffing.

Specifically, we found the provider had not followed a process to ensure a process of proper and management of medicines, the provider did not operate robust recruitment procedures and the provider did not operate effective systems to ensure staff received appropriate support.

Warning notices were issued for two regulations relating to cleanliness and infection control and good governance.

Specifically, we found the provider had not implemented effective systems to prevent, detect and control the spread of infections. In addition, the provider had not ensured effective systems were operated to ensure compliance against Health and Care Health and Social Care Act 2008 regulations and remain effective following inspections.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Bracknell and Ascot Clinical Commissioning Group (CCG), Healthwatch Bracknell Forest, NHS England and Public Health England.

Following the June 2015 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

Before visiting on 11 February 2016 the practice confirmed they had taken the actions detailed in their action plan.

We carried out an announced visit on 11 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, the acting practice manager, two assistant practice managers and members of the administration and reception team. We also spoke with seven patients who used the service and two members of the Patient Participation Group.
- 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.

Detailed findings

- 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 people's needs?
- Is it well-led?

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

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people 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, we saw an analysis of a significant event following two patients being denied access to care and treatment when seeking registration as a temporary resident.

These events had been reviewed with a multi-disciplinary team and the practice had revised the policy for the registration of temporary residents.

We saw policies, procedures, and systems had been reviewed for any weaknesses or failures that have allowed these two incidents to occur. We also saw specific temporary resident training and guidance had been shared with all members of staff who completed reception duties and the website contained clear temporary resident registration guidelines.

We saw the learning from this event and other events was shared at practice and departmental meeting which was recorded.

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.

Safeguarding

When we inspected the practice in June 2015 we found the practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. However, some staff we spoke with were unsure of how to locate the

practice's safeguarding policies and procedures, the telephone numbers to ring should they have urgent safeguarding concerns or how to recognise the different signs of abuse. Similarly, not all staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

During the February 2016 inspection we saw previous arrangements were clearly in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. All staff members had revisited safeguarding training and we saw safeguarding contact details including how to contact relevant safeguarding agencies in normal working hours and out of hours were displayed in all rooms including the noticeboards in all staff common rooms.

All staff we spoke with could locate the policies which 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 a comprehensive understanding of their responsibilities and all had received training relevant to their role.

Notices in the waiting room and on each treatment and consultation room door advised patients that chaperones were available if required. All 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).

Medicines management

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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

When we inspected the practice in June 2015 we found both blank prescription forms for the use in printers and those for hand written prescriptions were not handled in accordance with national guidance. They were not tracked through the practice or kept securely at all times. We also found hand written prescriptions stored in an unlocked drawer in an unlocked room.

Following the June 2015 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

During the February 2016 inspection we saw the practice had reviewed the national policy on safe medicines management and revised a practice specific prescription security policy and subsequent procedures. This included appointing a named GP responsible for maintaining and monitoring the policy and appointing a named administrator to be responsible for receiving and noting the serial numbers and ensuing distribution and secure storage of prescriptions.

Other actions we saw included:

- All staff had revised training and clear instructions on the security requirements for prescriptions.
- All prescriptions were stored safely in locked cupboard and all printers were fitted with locks on the prescription containing drawer.
- The appointed administrator had responsibility to order and log the receipt and serial numbers of all prescriptions. We saw these were kept securely and 'signed out' to the requesting clinicians recording the first and last serial numbers of the batch dispensed.

We saw the practice had installed control measures to ensure prescription security remained a top priority. For example, an audit was carried out every quarter to include a full stock reconciliation, prescription training for all staff was incorporated into induction training and routinely checked at appraisal meetings and any concerns regarding prescription safety were reported as a significant event.

Cleanliness and infection control

At the three previous inspections (February 2014, September 2014 and June 2015) we identified breaches in the regulations relating to cleanliness and infection control and at the June 2015 inspection we observed that not all areas of the practice were clean and tidy. For example, not

all of the clinical areas were clean and dust free; in the minor operations room we found thick dust on the equipment trolley, dirty sinks and one of the fridges in the room was also dirty. In addition, in one of the treatment rooms we found dirty and stained walls and high level dust on shelves and blinds. Similar instances of inappropriate standards of cleanliness had been found during the inspections in February 2014 and September 2014.

We saw that there were cleaning schedules in place and cleaning records were kept. However, these were not specific to the practice.

Following the June 2015 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

During the February 2016 inspection we observed the premises to be clean and tidy and saw the practice had a lead GP and a lead nurse designated to infection control. They provided advice on the practice infection control policy and carried out staff training. The designated infection control nurse had protected time to complete her additional duties and commented on the support from the partners for the significant changes that she has led.

We also saw there were area specific cleaning schedules in place and cleaning records were kept. The acting practice manager completed daily, weekly and monthly checks including cleaning audits to ensure the correct levels of cleanliness were maintained. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice trained its staff on infection control by ensuring all staff had read the infection control policy and any updates from latest guidance were sent to relevant staff for review. We saw evidence that the infection control lead had carried out an infection control audit in August 2015. Minutes of practice meetings showed that the findings of the audit were discussed. The practice had a plan to re-audit at regular intervals.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these

Are services safe?

to comply with the practice's infection control policy. For example, during intimate or personal examinations. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. We also saw there had been a recent observational hand washing audit of all practice staff, assessing the quality of hand hygiene technique performed by staff and designed to improve their hand hygiene technique.

During the June 2015 inspection we had concerns that the practice had not completed a risk assessment to assess the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). At the February 2016 inspection we saw records that showed a risk assessment had been completed in November 2015 and regular checks were carried out in line with this policy to reduce the risk of infection to staff and patients.

Staff recruitment

During the June 2015 inspection, we looked at staff records and found that appropriate recruitment checks had not been undertaken prior to employment. For example, four staff files did not contain proof of identification; several had no contract of employment, the nurse file had no PIN (Professional Identification Number) and the GP file had no General Medical Council (GMC) registration information. There were no other records to show that the practice undertook regular checks to confirm the on-going professional registration of the GPs or nurses.

Other staff files had no records of references, qualifications, and registration with the appropriate professional body was not included. The practice was not following their own recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

At the February 2016 inspection we reviewed five personnel files including two recently recruited members of staff and found that 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. All

other relevant documentation was also recorded appropriately and audited at quarterly management meeting ensuring the practice was following their recruitment policy standards.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments, fire wardens and the practice carried out regular fire drills. During the February 2016 inspection, the fire alarm system highlighted a potential emergency requiring an evacuation. This was effectively and efficiently organised and we observed all staff knew the exact procedure for the safe and timely evacuation of the premises.
- At the June 2015 inspection we highlighted errors regarding with the calibration of equipment, notably the practice had provided correspondence of calibration testing but this was found not to relate to Green Meadows Partnership and was for a practice in a different county. During the February 2016 inspection we saw all electrical equipment was checked (December 2015) to ensure the equipment was safe to use and clinical equipment was checked (August 2015) to ensure it was working properly.
- 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 and patients received timely care and treatment. The practice also had plans for the recruitment of two additional GPs and a health care assistant.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- 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 and children's 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.
- Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.
- 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 93% of the total number of points available, with 5% exception reporting. (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).

Data from 2014/2015 showed:

- Performance for diabetes related indicators was lower when compared to the CCG and the national average. The practice achieved 85% of targets compared to a CCG average (95%) and national average (89%).

- There was a high prevalence of diabetes within the patient population; this was a result of pro-active case finding for undiagnosed patients. The practice followed up patients with borderline results and test patients with potential symptoms for example, non healing wounds and blurred vision. This proactive approach had resulted in an increased number of diabetic patients, for example, there had been 10 new diagnoses of diabetes in January 2016.
- Performance for hypertension (high blood pressure) related indicators was similar when compared to the CCG and national averages. The practice achieved 96% of targets compared to a CCG average (99%) and national average (98%).

Further QOF data identified the practice as an outlier for QOF performance for mental health related indicators.

- Performance for mental health related indicators was lower when compared to the CCG and national average. The practice achieved 77% of targets compared to a CCG average (96%) and national average (93%).
- During the inspection the inspection team discussed the practices lower than average. We saw detailed assurance that this level of performance was being addressed. Actions included specific meetings, patient recalls and medicines reviews. In addition, one of the nurses had been allocated protected time to start reviewing patient lists and had dedicated clinics and telephone time to address any areas of lower performance. This dedicated member of staff also provided lists of patients requiring review and shared them with the individual GPs with clinical responsibilities in the relevant areas. There was a manager with a special interest in QOF performance returning to the practice at the end of February 2016, they will oversee this improvement programme.

Clinical audits demonstrated quality improvement.

- The practice had a system in place for completing a wide range of completed clinical audit cycles. These included audits for respiratory, immunisations, dermatology, prescribing, minor operations and mortality.

Are services effective?

(for example, treatment is effective)

- The practice showed us 11 clinical audits that had been undertaken in the last 12 months. We saw six of these were completed audits where the improvements made were implemented and monitored.
- The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF).
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, dermatology referrals were selected to audit following a practice clinical meeting. It was agreed that this was an area in which there had been a large number of two week wait referrals for suspected cancer. The practice examined each referral and outcome to identify whether the referrals were justified and whether there were any educational needs for the clinicians to reduce the rates of this type of referral or if a different pathways would be more appropriate.
- Following an initial audit in July 2015, 16 patients were referred via a two week wait referral, 47% of the patients who attended a dermatology appointment had lesions which were deemed suspicious and referred for removal by the plastic surgeons. Although there were some critical remarks from the dermatologist, the majority of referrals were appropriate. We saw plans of the next cycle of the audit were due to commence in mid-2016.
- We also reviewed evidence of repeated cycles of audits that were due to be completed following our June 2015 inspection. For example, we also saw the second cycle of a clinical audit on pneumococcal vaccine in patients with coeliac disease. For the second year running, this specific audit demonstrated overall quality improvement.

Effective staffing

At the June 2015 inspection we reviewed staff training records and saw that all staff had attended safeguarding vulnerable adults training and basic life support. However, we were unable to evidence that staff had received other mandatory training such as information governance, infection control and health and safety which were relevant to staff's role.

We also saw the practice did not have an induction programme that prepared staff for their new role. Newly employed staff had not received comprehensive and structured induction training.

In addition, staff did not receive a regular appraisal of their performance to identify training, learning and development needs. Our discussions with staff who had worked at the practice for more than 12 months confirmed not all staff had an annual appraisal in the preceding year. Other staff reported not having an effective appraisal for years.

Following the June 2015 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

During the February 2016 inspection, we reviewed a revised system the practice used to log training needs. This new system was clear and effectively highlighted future learning for all members of staff. This system and staff files including certificates indicated all staff were up to date with their mandatory training. This action had ensured that staff were appropriately supported by receiving training to enable them to undertake their responsibilities safely and to an appropriate standard.

We also saw:

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, prescription security, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- All staff had an appraisal within the last 12 months. 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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.

- 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 people, 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.
- Information from Public Health England showed 98% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared to the CCG average (98%) and higher than the national average (94%).

The practice's uptake for the cervical screening programme was 91%, which was significantly higher when compared to the CCG average (75%) and higher than the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; data from Public Health England reflected success in patients attending screening programmes. For example:

- 63% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (58%) and the national average (58%).
- 83% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was higher when compared to the CCG average (74%) and the national average (72%).

Records showed the GPs and nurses proactively sought and promoted the immunisation programme and this was evident in the immunisation data as the practice was above both local and national averages for all childhood immunisations. Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 98% to 100% and five year olds from 92% to 98%. These were above the CCG and national averages. For example:

- 99% of children within the 12 month age group had received the PCV (vaccination compared to the CCG average, 94%).
- 98% of children within the five year age group had received the infant Hib vaccination (a single injection to boost protection against Haemophilus influenzae type b) vaccination compared to the CCG average, 95%.

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

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

Kindness, dignity, respect and compassion

We observed staff interacting with patients in the reception, waiting rooms and on the telephone. All staff showed genuine empathy and respect for patients, both on the phone and face to face.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The four patient Care Quality Commission comment cards we received were positive about the service experienced.

Patients we spoke with said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect and the care they received exceeded their expectations. All told us they were satisfied with the care provided by the practice. Patients stated they felt GPs took an interest in them as a person and overall impression was one of wanting to help patients.

We also spoke with two members 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. Patient testimonials presented by the practice 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 scored higher when compared to the CCG and national averages for satisfaction scores on consultations with GPs, nurses and interactions with reception staff. For example:

- 95% of patients said the GP was good at listening to them (CCG average 86%, national average 89%).

- 90% of patients said the GP gave them enough time (CCG average 84%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 96% of patients said the last nurse they spoke to was good at listening to them (CCG average 88%, national average 91%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 84%, 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 higher than local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 83%, national average 86%).
- 82% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 98% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 87%, national average 90%).
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

Are services caring?

The practice had access to translators via a telephone translation service. Staff told us there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service.

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. In February 2016, the practice patient population list was 9,935. The practice had identified 137 patients, who were also a carer, this amounts to 1% of the practice list. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal meetings as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. As a consequence of staff training and better understanding of the needs of patients, the practice described and presented evidence of complimentary feedback from the family of a palliative care patient.

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, the Royal College of General Practitioners Special Measures Programme and Bracknell and Ascot Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were made to three local care homes on a specific day each week, by a named GP and to those patients who would benefit from these.
- There were male and female GPs in the practice; therefore patients could choose to see a male or female GP.
- The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. Toilets were available for patients attending the practice, including accessible facilities with baby changing equipment.
- We noted there was no hearing aid loop, automatic doors or a lowered reception area however, all three adaptations were detailed in the practices improvement plan which they had just received funding for.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday (appointments were from 8:05am to 5:50pm). The duty GP offered was available until the out of hours GP service arrangements commenced at 6.30pm.

An extended hours services, aimed at patients who may have difficulty attending the practice for planned care appointments during normal opening hours was available, this service provided pre-bookable, planned GP and nurse appointments in the evening Monday to Friday (6.30pm-8pm) and Saturdays (8am-1.30pm) at a central Bracknell location.

The practice had previously provided an extended hours 'commuter clinic' between 7am and 8am on Tuesday,

Wednesday, Thursday and Friday mornings but the uptake was low. The practice was reviewing the use of the CCG led extended hours service and planned to discuss potential options with the patient participation group.

The practice was aware results from the national GP patient survey showed that patients were not satisfied with how they could access care and treatment, specifically telephone access and was a priority on the practice action plan. The patients we spoke to on the day and comment cards we received did not highlight any concerns regarding telephone access. In addition, we did note an improvement in satisfaction on previous national GP patient survey results.

- 68% of patients were satisfied with the practice's opening hours (CCG average 70%, national average 75%).
- 52% of patients said they could get through easily to the practice by telephone (CCG average 72%, national average 73%).
- 77% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).
- 65% of patients said they feel they don't normally have to wait too long to be seen (CCG average 57%, national average 58%).

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the January 2016 GP national patient survey results (106 respondents), NHS Choices website (seven reviews), four CQC comment cards completed by patients and seven patients we spoke with on the day of inspection.

The evidence from most of these sources showed the majority of patients were satisfied with how they access appointments.

We saw information about the revised appointment system was available to patients in the practice through a new appointment leaflet and on the practice website. Information on the practice website also included how to arrange urgent appointments, home visits, routine appointments and how to cancel appointments.

Listening and learning from concerns and complaints

During the June 2015 inspection we found the practice had an ineffective system in place for handling complaints and

Are services responsive to people's needs?

(for example, to feedback?)

concerns. There was no information on the practice website advising how to complain, the practice could not provide evidence of complaints being discussed or actions documented. In addition, verbal complaints were not recorded making it difficult to review and identify any trends and we saw no evidence of an internal review process where complaints were reviewed to identify trends and potential learning.

During the February 2016 inspection, we saw:

- The practice's 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. All verbal complaints were recorded and disseminated to the practice manager for review and action.
- We saw that information was available to help patients understand the complaints system through posters and leaflets in the waiting areas and on the practice website.
- There was an annual review of complaints, we saw this was for the Health and Social Care Information Centre (HSCIC) and shared with practice staff. Different members of staff we spoke with confirmed this and was recorded in various different meetings.

- The practice showed openness and transparency in dealing with the complaints at the monthly practice meetings.

We looked at 12 complaints received in the last 12 months and found these were dealt with in a timely way in line with the complaints policy and there were no themes emerging.

The practice reviewed complaints annually to detect themes or trends. Lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. For example, in one case where a complaint had been raised with the practice due to a slight delay in a long term condition review. The practice was able to provide evidence of the complaint which highlighted how it was managed and responded to.

We also looked at compliments received in the last three months and found these had been celebrated with all staff, highlighted in the staff room and were discussed in meetings.

In January 2016 the practice manager began to respond to NHS Choices reviews and went back approximately three months and provided retrospective responses to all feedback; both positive and negative left on NHS Choices website.

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

During the June 2015 inspection we saw the practice's vision was not clearly defined and there wasn't a business plan or long term strategy in place. Staff we spoke with were not aware of a vision or strategy and told us it had not been discussed with them. Four of the members of staff we spoke with said they did not know or understand the values of the practice.

At the inspection in February 2016 the practice showed that they had developed a clear vision and mission statement to deliver high quality compassionate care and promote good outcomes for patients.

- We heard from all the staff we spoke with that there was a 'patient first' ethos within the practice. This was corroborated by the patients with whom we spoke.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values and had all been involved in there design.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included detailed plans for example a CQC action plan, a renovation plan following an infrastructure grant and plans to recruit two new GPs and a health care assistant.

Leadership, culture and governance arrangements

Over the previous two years the practice had seen a significant amount of change, several different practice managers, GP partners leaving, instability and a lack of clear leadership and management.

When we inspected the practice in June 2015 failures and concerns highlighted on the day of inspection, in relation to governance systems and risk, suggested that changes to management responsibilities were not effective.

During the inspection in February 2016, we saw 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:

- Practice specific policies were implemented and available to all staff. Revised policies were disseminated to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Areas of low performance had been reviewed and action plans implemented which demonstrated improved performance.
- 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.

The inspection in June 2015 also identified a lack of clarity about authority to make decisions. It was unclear who was responsible for ensuring that actions relating to the operation and maintenance of the building were carried out. This was demonstrated within the evidence collated which identified poor governance and highlighted an ineffective leadership team. Quality and safety were not the top priority for leadership.

At the inspection in February 2016 we saw a brand new management team, who were supported by a management consultant. All staff we spoke with knew of the clear lines of authority and the roles and responsibilities of the management team. The Senior GP had a more active role in the management and leadership of the practice and we saw the management team including partners had the experience, capacity and capability to run the practice and ensure high quality care.

- They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.
- The partners encouraged a culture of openness and honesty.
- The practice held several meetings following the inspection in June 2015 and the CQC decision to place the practice into special measures. Staff and the patient participation group (PPG) used the experience as a learning opportunity.
- The amount of work undertaken to achieve this was clearly visible on this inspection.

Are services well-led?

Good 

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

- Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff we spoke with recognised the endeavour of the new management team and were keen to be part of the new developments. They all told us that felt valued, supported and knew who to go to in the practice with any concerns. They showed optimism for the future management style and leadership.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained. Areas of low performance had been reviewed and action plans implemented which demonstrated improved performance.

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.

When there were unexpected or unintended 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.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Despite a significant amount of change within the PPG and recruitment of new PPG members including a new chairperson the PPG met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.
- After the June 2015 inspection the practice held three separate meetings with the PPG, they engaged with the

PPG in an open and transparent way, reviewing the issues at the practice. Further meetings were held as the practice proposed changes, and they jointly considered the impact on patients.

- The practice website also had a full section dedicated to the Care Quality Commission decision to place the practice into special measures, including a regularly updated frequently asked question segment. Patients told us that the correspondence on the website and the information sessions were open, honest and reassured patients over concerns identified in the reports.
- The practice had also gathered feedback from staff through staff suggestion boxes, regular staff meetings, appraisals and discussion. Staff told us they had been fully supported throughout the special measures announcement and 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.
- The practice had recently been inspected by Healthwatch Bracknell Forest. Local Healthwatch representatives carried out a visit to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as GP practices. The practice told us they valued this feedback, notably the recommendations about adaptations to the reception area and front doors.

Continuous improvement

In August 2015 the practice was issued with a Care Quality Commission report which highlighted five regulatory breaches relating to the management of medicines, recruitment, staffing, infection control and governance. We received an action plan from the practice which outlined the corrective action they would take. We found all the actions had been completed at the inspection on the 11 February 2016.

The practice had responded positively to the report compiled by the commission, where action was required, for example, implementing effective infection control procedures and actions.

Are services well-led?

Good 

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

The practice was now out of special measures, this recognised the significant improvements that had been made to the quality of care provided by this service.