

Cherrymead Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as good overall.

At our previous inspection in June 2016, Cherrymead Surgery had an overall rating as Good.

Following the March 2018 inspection, the key questions are rated as:

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

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 Cherrymead Surgery in Loudwater, Buckinghamshire on 6 March 2018. 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 the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. Furthermore, this inspection was also in response to information of concern regarding safeguarding and recruitment arrangements. These concerns were shared by the practice and received by the Care Quality Commission in January 2018.

At this inspection we found:

- Cherrymead surgery had clear systems to keep patients safe and safeguarded from abuse.
- Recruitment procedures were not always undertaken in line with schedule three of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The practice conducted safety risk assessments. Policies were accessible to all staff and they outlined clearly who to go to for further guidance.
- There was an effective system to manage infection prevention and control.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The practice learned from and made improvements when things went wrong.

Summary of findings

- Cherrymead Surgery was part of a local GP Development Scheme with a commitment to care and support planning for patients with long-term conditions.
- Patients had access to appropriate health assessments and checks. The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- The most recent published Quality Outcome Framework (QOF) results showed the practice were comparable with local and national achievements.
- The practice supported patients to live healthier lives through a consistent, targeted and proactive approach to health promotion and prevention of ill health.
- Staff treated patients with kindness, respect and compassion.
- Written and verbal patient feedback commented practice staff gave patients timely support and information.
- Staff supported patients to be involved in decisions about their care.
- The practice organised and delivered services to meet patients' needs and took account of patient needs and preferences.
- Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how

they could access care and treatment was similar when compared to local and national averages, with some areas of significantly higher than average levels of patient satisfaction.

- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The processes for managing risks, issues and performance were operated appropriately.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.
- There were systems and processes for learning, continuous improvement and innovation.

The areas where the provider must make improvement as they are in breach of regulations is:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Cherrymead 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 second CQC Inspector and a GP specialist adviser.

Background to Cherrymead Surgery

Cherrymead Surgery provides primary medical services to the population of Loudwater in Buckinghamshire. The practice is one of the practices within Chiltern Clinical Commissioning Group and provides primary medical services to approximately 10,700 registered patients.

Services are provided from:

- Cherrymead Surgery, Queensmead Road, Loudwater, High Wycombe, Buckinghamshire HP10 9XA.

The practice website is:

- www.cherrymeadsurgery.co.uk

According to data from the Office for National Statistics, Buckinghamshire has high levels of affluence and minimal economic deprivation. However, the practice borders an area of High Wycombe with a growing level of deprivation.

The age distribution of the registered patients is largely similar to the national averages. Although there is a lower number of patients aged between 15 and 29 years of age.

The practice has three GP's (two partners and one salaried), a physician associate, a clinical pharmacist, two minor illness nurses, three practice nurses, a phlebotomist and a health care assistant. They also have a range of administration managers, receptionists and administration support staff.

Are services safe?

Our findings

We rated the practice as good for providing safe services.

Safety systems and processes

The practice did not always have clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. We saw examples of safety policies which were communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies 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).
- We looked at 12 recruitment files and found that although appropriate checks were undertaken at recruitment for most staff the practice had failed to receive satisfactory evidence of conduct for an individual in a previous employment. This concerned the provision of services relating to children or vulnerable adults and evidence of the reason why their employment in that position ended. The practice had undertaken a standard DBS check for this member of staff but had not requested an enhanced DBS check and there was no risk assessment in place for this.
- Following our inspection the practice sent a detailed risk assessment of the staff members role and the duties they carry out.
- All clinical staff received up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. 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.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example, sepsis. (Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs).
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- 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 had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment mostly minimised risks.

Are services safe?

- 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 audited antimicrobial prescribing.
- There was a system to monitor expiry dates of medicines held at the practice. We found medicines held in medicines fridges and treatment rooms were in date and fit for use.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues.
- Health and safety assessments had been undertaken including those relating to safety of water systems, control of substances hazardous to health and

Lessons learned and improvements made

The practice learned from 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. Leaders and managers supported them when they did so.
- There were adequate 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.
- 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 for the following population groups, older people, people with long term conditions, families children and young people, working age people (including those recently retired and students), people whose circumstances made them vulnerable and people with poor mental health (including people with dementia).

Effective needs assessment, care and treatment

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

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.83. This was similar when compared to the CCG average (0.70) and national average (0.90). 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 1.18. This was similar when compared to the CCG average (0.97) and national average (0.98). The number of antibiotic items (Cephalosporins or Quinolones) prescribed was also similar (8.1%) when compared to the CCG average (8.7%) and the national average (8.9%). 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 were clinically needed and reviewed the continued need for them.

Older people:

People with long-term conditions:

- Cherrymead Surgery was part of a local GP Development Scheme with a commitment to care and support planning for patients with long-term conditions. The practice had launched clinics for patients with diabetes. The practice told us patients with long-term conditions now received a patient centred annual health review which helped identify personal goals and targets to enhance the quality of their lives and improve health outcomes. We received written feedback from patients which praised the diabetes team.
- Performance for diabetes related indicators showed the practice had achieved 99% of targets which was higher when compared to the CCG average (94%) and the national average (91%).[BA1]
- Performance for COPD related indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (97%) and the national average (96%).[BA2]

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were higher when compared to the national averages. For children under two years of age, four immunisations have performance measured per GP practice; each has a target of 90%. The practice achieved the target in all four areas; in three of the four areas the practice scored over 97%. Similarly, immunisation data for children aged five, was higher than national averages.

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

- The practice's uptake for cervical screening was 82%, which was similar when compared to the local CCG (82%) and national average (81%).
- The practice had failed to ensure that there was a failsafe system to ensure that all cervical screening results were received by the practice. This was rectified following our inspection.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Using the most recent data, we saw the practice had invited 557 patients for a health check and 273 health checks had been completed. We saw there was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk

Are services effective?

(for example, treatment is effective)

factors were identified. We also saw examples of new diagnoses made following the health check, for example, two diagnoses of cardio vascular disease and 20 patients with a high blood pressure.

- 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 are advised to have the vaccination.

People whose circumstances make them vulnerable:

- There were 28 patients on the Learning Disabilities register; all 28 (100%) had been invited for an annual health check. We saw 16 of the 28 (57%) had attended a health check and the remaining 12 patients had a health check booked or had been contacted via telephone on further occasions inviting them to attend a health check.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was similar when compared to the local average (87%) and the national average (84%). [BA3]
- 93% 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 similar when compared to the local CCG average (93%) and national average (90%). [BA4]
- 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 their alcohol consumption recorded. This was similar when compared to the local CCG average (91%) and national average (91%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the CCG average of 98% and national average of 96%. The overall exception reporting rate was 6% compared with the local CCG average of 8%

and the national average of 10%. (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).

Furthermore, we saw the practice was working with the CCG and introduced a care and support approach for the care of many long term conditions. As part of this plan, the practice had trained clinical members of staff in care and support planning and was a significant shift away from QOF reporting.

Effective staffing

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.
- 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. This included Multi Agency Group (MAG) meetings to discuss patients with complex needs, where appropriate.

Helping patients to live healthier lives

The practice supported patients to live healthier lives through a consistent, targeted and proactive approach to health promotion and prevention of ill health.

- 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.
- 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. This included an interactive blood pressure quiz embedded on the practice website. High blood pressure increases the risk of heart attacks and/or strokes.

Are services effective?

(for example, treatment is effective)

- In the last 12 months the practice and the patient reference group had arranged a programme of awareness events, open forums and themed educational sessions to raise awareness of health conditions and promote good health in practice patients. These events known as 'Let's talk' health evenings included topics such as stroke awareness and dementia awareness. The practice and patients told us these events were well attended and helped to identify patients who required follow-up appointments.
- Information from Public Health England showed 99% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (96%) and the national average (95%).

Data from Public Health England indicated success in patients attending national screening programmes:

- 60% 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 national average (55%).
- 81% 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 (77%) and the national average (70%).

Consent to care and treatment

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. We saw practice staff had received mental capacity training appropriate to their roles.
- 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 and social 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 room to discuss their needs.
- All of the 18 patient Care Quality Commission comment cards we received and the four patients we spoke with were positive about the service experienced.

The written and verbal feedback we received aligned with the majority of the results in the July 2017 annual national GP patient survey. There had been 247 surveys sent out and 104 were returned. This represented less than 1% of the practice population.

- 85% 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%).
- 85% of patients who responded said the GP gave them enough time; CCG average - 86%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 97%; national average - 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 85%; national average - 86%.
- 96% of patients who responded said the nurse was good at listening to them; CCG average - 91%; national average - 91%.

- 97% of patients who responded said the nurse gave them enough time; CCG average - 92%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 97%; national average - 97%.
- 95% 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%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG average - 84%; national average - 87%.

Involvement in decisions about care and treatment

Staff supported patients to be involved in decisions about their care and all staff had a comprehensive awareness of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Staff spoke clearly of the different steps involved to ensure patients who have a disability, impairment or sensory loss received information that they can easily read or understand and get support so they can communicate effectively. For example, we saw the practice had recently reviewed all internal signage and made improvements. We saw the new signage was dementia friendly and also supported patients with visual impairments. Furthermore, we saw the GPs and pharmacist effectively customised prescription literature to provide bespoke clear instructions to ensure patients received information which they can access and understand.
- Patients registered at the practice were predominantly white British with little need for translation services. Staff told us that interpretation services were available for patients who did not have English as a first language and we saw a notice in the reception area informing patients this service was available.
- 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 198 patients as carers, this equated to approximately 2% of the practice list. We saw evidence of a proactive carers flu campaign to immunise people with caring responsibilities with influenza vaccinations. We also saw the practice had

Are services caring?

worked with Carers Bucks and facilitated a well-attended carers information event in May 2017. Carers Bucks is an independent charity to support unpaid, family carers in Buckinghamshire. This event had resulted in an additional 14 referrals to Carers Bucks, these referrals included support with up to date information and advice, provided an understanding about rights and entitlements and was an opportunities to meet other carers.

- Staff told us that if families had experienced bereavement, where appropriate, their usual GP contacted them. This call could be followed up through a patient consultation and/or by giving them advice on how to find a support service.

The results in the national GP patient survey on 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.

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments; CCG average - 88%; national average 86%.
- 75% 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%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 90%; national average - 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 86%; national average - 85%.

The practice was aware of the slightly lower levels of satisfaction regarding the GPs and used the in-house practice survey to further review patients involvement in decisions about care and treatment.

Following the implementation of several actions, including increasing appointment length, we saw the in-house survey results had improved patient satisfaction. For example:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments; this was a 3% improvement on the national survey findings.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; this was a 7% improvement on the national survey findings.

Alongside the in-house patient survey the practice collected NHS Friends and Family test information to review patient satisfaction. This information was collected in several different methods, including via text message which was sent out after a patient has attended an appointment and through the practice website.

These results aligned to the high levels of patient satisfaction we collected through written and verbal feedback. For example:

- Cherrymead Surgery achieved a 90% satisfaction rate in the NHS Friends and Family Test in January 2018 (352 responses), 87% in December 2017 (230 responses) and 84% in November 2017 (320 responses).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- To further strengthen patients' privacy and dignity, the practice played music and had a queuing system in place to reduce the risk of confidential conversations being overheard in the reception area.

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, extended opening hours were available on three weekday mornings when appointments started at 7.15am and four weekday evenings when appointments were available until 7.30pm. We saw these extended hours were in response to the patient survey findings to accommodate working patients.
- In order to further improve access; the practice had revised the clinical skill mix. This had resulted in the recruitment of a clinical pharmacist and Physician Associate.
- Cherrymead Surgery was located in a purpose built medical centre, all the facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patient services were delivered on two floors and there was a lift. We saw an occasion when the lift was broken; the practice amended appointments and made all services and access to all clinicians available on the ground floor.
- 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 was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Furthermore, the practice also provided home visits for those who had mobility difficulties getting to the practice, this included phlebotomy services (blood tests) and medication reviews.

- The practice continued to work with the multi-disciplinary teams in the care of older vulnerable patients.
- Patients over 65 were offered flu vaccination.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- In addition to routine appointments, additional long term condition appointments were allocated with an aim to provide access for patients requiring long term condition reviews.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Pregnant females within the early stages of pregnancy were risk assessed by a GP (with a special interest in women's health) and if required arranged an early appointment to assess and discuss the pregnancy.

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

- Early morning, evening and telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- NHS Health Checks were provided for patients aged 40 to 74 and patients were given lifestyle advice on exercise and diet.

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice was aware of patients living in vulnerable circumstances within the local community. This was reflected in a vulnerable circumstances register which included homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice hosted the palliative care meetings with a range of professionals to ensure those who were approaching end of life have a more cohesive plan of care across all agencies.

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

- All staff had additional dementia training and all staff we spoke with had a good understanding of how to support patients with mental health needs and dementia. Following completion of the training we saw the practice had reviewed the accessibility of the practice. For example, the practice had reviewed practice signage with a view to making signs dementia friendly to improve navigation within the practice premises.
- Longer appointments were offered to patients with any mental health needs whilst offering opportunistic, proactive and on-request screening and health checks.

Timely access to the service

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was similar when compared to local and national averages. However, there were areas of significantly higher than average levels of patient satisfaction.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 73% and the national average of 76%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG average - 70%; national average - 71%.
- 91% 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 - 85%; national average - 84%.

- 88% of patients who responded said their last appointment was convenient; CCG average - 81%; national average - 81%.
- 82% of patients who responded described their experience of making an appointment as good; CCG average - 72%; national average - 73%.
- 58% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 56%; national average - 58%.

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 make suggestions was available within the practice, in patient literature and on the practice website.
- The complaint policy and procedures were in line with recognised guidance. We reviewed the practice complaint log and found that they were satisfactorily handled in a timely way.
- The practice used the complaint log to analyse and identify trends, reviewed learning points and ensured any changes to procedure established.
- Through discussions with staff and a review of the complaints log we saw the practice learned lessons from individual concerns and complaints. For example, several complaints referred to poor communication skills of the reception team. The practice had individually reviewed each complaint and reviewed the overall theme which resulted in additional communication training; one element of this training was the use of positive language. We saw the most recent GP national survey results (published in July 2017) indicated patients found the reception team helpful, specifically 91% of patients said they found the receptionists at the practice helpful; this was higher when compared to the CCG average (84%) and national average (87%).

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders 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 services. They understood the challenges within the local area and they amended services where possible to support the range of registered patients
- They understood the challenges and were addressing them. For example, the partners were leading the implementation of a new hyper-vulnerable adults identification process to ensure all patients were supported appropriately. The provider recognised that vulnerable patients do not necessarily fit into a specific category.
- Staff told us that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. For example, there was a project in place to enable the provider to start offering e-consultations.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and enable collaborative working.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice staff turnover was low and they told us that the practice was a positive place to work which focused on patient care and outcomes.
- Openness, honesty and transparency were demonstrated when responding to incidents, complaints. 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 told us they had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff, who had been in post for over 12 months, received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- New members of staff were given the opportunity to shadow experienced members of the team during their induction period.
- All staff, including administration and reception staff, were considered valued members of the practice team. They were given protected time to attend courses and seminars for professional development and evaluation of their work. There was a positive focus on the safety and well-being of all staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. These were mostly operated effectively.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies and procedures intended to ensure safety.

Are services well-led?

Requires improvement 

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

- Recruitment procedures were not always undertaken in line with schedule three of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Systems to assess clinical need were not always fully risk assessed. For example, we reviewed a document which detailed different symptoms and what type of appointment patients may need. This was used by reception staff to allocate appropriate appointments. We found that some of the symptoms suggesting a telephone call back from the doctor, although marked as priority, should be referred to a clinician immediately. However, staff we spoke with on the day were aware of what to do with worrying symptoms. The practice reviewed the document and updated it following our inspection to ensure less experienced staff members have the appropriate tools.
- The practice kept prescription stationery securely however; systems in place did not allow the provider to monitor its use.

Managing risks, issues and performance

The processes for managing risks, issues and performance were operated appropriately.

- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- The system for managing medicine and safety alerts was operated effectively.
- Processes to manage medicines safely were monitored and updated.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents.
- 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.
- The information used to monitor performance and the delivery of quality care had recently changed within the

local clinical commissioning group (CCG). The practice identified that the new system had some errors which caused inappropriate recording of care outcomes. The practice liaised with the CCG to ensure these errors were corrected.

- 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.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, 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.
- The patient representative group was active and involved in discussions and proposals about improving performance of services. They were involved in implementing regular health learning sessions for varied health topics.
- The service was transparent, collaborative and open with stakeholders about performance

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out during protected learning time to review individual and team objectives, processes and performance.
- Cherrymead Surgery was part of a local GP Development Scheme with a commitment to care and support planning for patients with long-term conditions. The practice was ready to launch clinics for patients with dementia and Chronic Obstructive Pulmonary Disease (COPD). COPD is a type of lung disease.
- The practice was continuing to work with patients and the patient reference group with a view to promote

Are services well-led?

Requires improvement 

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

health awareness. For example, we saw plans of hearing loss awareness evening. We saw the agenda included topics such as how hearing degenerates, treatment pathways and a discussion on NHS hearing aids.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">Recruitment procedures were not always undertaken in line with schedule three of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.Systems to assess clinical need were not always fully risk assessed. Although staff were aware of the systems and how to use them newer staff members would not have the correct tools to support them.Systems in place did not allow the provider to monitor the use of blank prescription stationery. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance</p>