

Cherrymead Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cherrymead Surgery in Loudwater, High Wycombe on 14 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Feedback from patients about access to appointments was consistently positive.

- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient groups. Recent examples included current "live" wait times displayed on TV screens within the waiting areas.
- The practice had good modern facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

Summary of findings

- The practice worked with the patient participation group (PPG) to organise patient education meetings. These were held at the practice and were open to any patient who wished to attend. Recent topics covered included Alzheimer's disease and dementia. We also saw information following an education session about strokes delivered by the Stroke Association. We were told these education meetings were very well attended with over 60 patients and their carers attended. We saw plans for a further meeting in autumn 2016 educating patients on diabetes and diabetes related complications.

However there were areas of practice where the provider should make improvements:

- Review and address the low GP national patient satisfaction scores for consultations with Cherrymead Surgery GPs.
- Increase the promotion and raise patient awareness of the revised appointment process.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Most of the results from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 97% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%). However, patient satisfaction was lower than local and national averages for consultations with GPs.
- Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group to secure improvements to services where these were identified. Cherrymead Surgery utilised a telephone triage appointment system which resulted in data from the national GP patient survey regarding access to be better than local and national averages. For example, 93% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- Patients said they found it easy to make an appointment with a named GP and there were urgent appointments available the same day.
- The practice had good modern facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and . Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff; we saw a recent staff survey from April 2016. Results were being reviewed, early findings indicated high staff satisfaction and areas for improvement were being addressed by the management team.
- We found the practice to be very involved with their patients, the patient participation group, the patient reference group and other stakeholders. The patient groups from Cherrymead Surgery were supporting other patient groups from practices in the local area.
- The practice gathered feedback from patients which influenced practice development.
- There was a focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Cherrymead Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than local and national averages. For example, 100% of patients aged 50-74, with a fragility fracture and with a diagnosis of osteoporosis (a condition that weakens bones), are currently treated with an appropriate bone-sparing agent. This was higher when compared to the local CCG average (89%) and national average (92%).

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 94% of targets which was similar when compared to the CCG average (93%) and better when compared to the national average (89%).
- Longer appointments and home visits were available when needed.

Summary of findings

- All patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice used local education programmes to support people with long-term conditions for example, Diabetes Structured Education and local support groups, for example, Breathe Easy Bucks.

Families, children and young people

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

Good



- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people 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 88%, which was higher when compared to the CCG average (84%) 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, health visitors and school nurses.

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).

Good



- 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.

Summary of findings

- The practice had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8am to 6.20pm daily. Extended opening hours were available every Tuesday and Thursday when the practice remained open for appointments and telephone consultations until 8.15pm.
- The practice was proactive in offering telephone consultations and online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



- 97% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better when compared to the CCG average (89%) and national average (88%).

Summary of findings

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar when compared to the local CCG average (86%) and higher than the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia, this included 'Dementia Friend' training.
- Cherrymead Surgery patient groups had organised various patient education meetings. These were held at the practice and were open to any patient who wished to attend. Recent topics covered included Alzheimer's disease and dementia. We were told these education meetings were very well attended with over 60 patients and their carers attended.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice had better performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. On behalf of NHS England, Ipsos MORI distributed 263 survey forms and 112 forms were returned. This was a 43% response rate and amounts to approximately 1% of the patient population.

- 94% of patients found it easy to get through to this practice by telephone (CCG average 76%, national average 73%).
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 89% of patients described the overall experience of this GP practice as good (CCG average 85%, national average 85%).
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, 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 42 comment cards which were all positive about the standard of care received. Written comments from patients indicated they were satisfied with how they

were treated and that this was with compassion, dignity and respect. Further written feedback highlighted that long term health conditions were well monitored and supported.

We spoke with eight patients during the inspection, including a member of the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Whilst speaking with patients it was clear not all patients understood how the appointment system worked despite clear information on posters and the TV screens in the waiting areas, an appointment system patient leaflet and information on the practice website.

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.

- Cherrymead Surgery achieved a 82% satisfaction rate in the NHS Friends and Family Test in April 2016, 88% in March 2016 and 90% in February 2016.

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 GP specialist adviser.

Background to Cherrymead Surgery

Cherrymead Surgery is located in Loudwater, High Wycombe in Buckinghamshire. Cherrymead Surgery relocated to a purpose built two storey modern building that was opened in 2008.

Cherrymead Surgery is one of the practices within Chiltern Clinical Commissioning Group and provides general medical services to approximately 10,450 registered patients.

All services are provided from:

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

According to data from the Office for National Statistics, Buckinghamshire has a high level of affluence and minimal economic deprivation. However the practice is aware of, and is able to identify their patients with income deprivation issues.

The age distribution of the registered patients is largely similar to the national averages. Although there is a slightly higher than average number of patients aged less than five years of age.

Ethnicity based on demographics collected in the 2011 census shows the population of Loudwater and the

surrounding area is predominantly White British with 6% of the population composed of people with an Asian background and 3% of the population composed of people with a Black background.

The practice comprises of three GP Partners (two female and one male) and are supported by several long term locum GPs.

The all-female nursing team consists of a nurse manager, a nurse prescriber, three practice nurses (one of which is a long term locum practice nurse), one health care assistant and one phlebotomist.

A practice manager, assistant practice manager, reception manager, office manager and a team of reception, administrative and secretarial staff undertake the day to day management and running of Cherrymead Surgery.

The practice had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8am to 6.20pm daily. Extended opening hours were available every Tuesday and Thursday when the practice remained open for appointments and telephone consultations until 8.15pm.

The practice has 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, on the practice door and over the telephone when the surgery is closed.

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. The inspection was

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

We carried out an announced visit on 14 June 2016. During our visit we:

- Spoke with a range of staff. These included, four GPs, two nurses, practice manager, reception manager and several members of the administration and reception team.
- Also spoke with eight patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relevant to the management of the service.

- Carried out observations and checks of the premises and equipment used for the treatment of patients.

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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis following an administration error in September 2015 which resulted in a breach of confidential patient information.

This investigation involved patients, the local Clinical Commissioning Group and the information governance team from the Commissioning Support Unit (CSU). Commissioning Support Units provide Clinical Commissioning Groups with external support, specialist skills and knowledge to support them in their role as commissioners. The practice immediately revised the process, policy and supporting procedures to prevent this from happening again. All staff we spoke with were aware of this change in policy and procedure.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Notices in the waiting areas 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 (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw the latest audit from June 2016 and subsequent action that was taken to address any improvements identified as a result, for example revised management and cleaning of ear irrigation tools and equipment to reduce the risk of cross contamination.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer influenza, vitamin B12 and pneumococcal vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also found suitable exit procedures had been followed and recorded for staff that had left Cherrymead Surgery.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked (March 2016) to ensure the equipment was safe to use and clinical equipment was checked (March 2016) to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (June 2016). Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The practice undertook regular premises checks to identify and act on risk. When a risk was identified we saw that corrective action was taken. For example, we saw there was a delay in the collection of clinical waste. The practice identified this potential risk, highlighted to the waste collection and took immediate action to reduce any potential risk to staff, patients and visitors.
- 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 enough staff were on duty at peak times of the day. The practice had experienced a significant amount of change in staff in the last 18 months; as a result the practice had a strategic approach to the use of locum GPs and nurses to respond to patient demand. A locum is a person who stands in temporarily for someone else of the same profession.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.
- 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 stored securely. During the inspection staff described and we saw evidence of the practice responding to a recent local emergency. In May 2016, a child who was registered at a different practice was rushed into Cherrymead Surgery with acute anaphylaxis (anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly). A receptionist alerted the locum GP and one of the GP Partners for assistance. The two GPs provided emergency care and treatment including the use of oxygen and administration of emergency medicine until the ambulance arrived.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available; this was similar to the local CCG average (97%) and higher when compared to the national average (95%). The most recent published exception reporting was better when compared to the CCG and national averages, the practice had 6% exception reporting, the CCG average exception reporting was 8% and the national average was 9%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators showed the practice had achieved 94% of targets which was comparable to the CCG average (93%) and higher than the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were comparable to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).

- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (97%) and higher than the national average (93%).

There was evidence of quality improvement including clinical audit.

- There had been clinical audits completed in the 12 months, of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- We reviewed both of the completed clinical audits and the findings which were used by the practice to improve services. For example, following a two cycle audit, (first cycle in January 2015 and the second cycle November 2015) the practice had audited all patients with an active repeat prescription for amiodarone (medicine used to treat life-threatening heart rhythm problems).
- Once the search was complete a further search was undertaken ensuring all the 14 patients on amiodarone had a recent blood test to check for related thyroid gland problem and also recent electrocardiogram (ECG). ECG is a test to check the rhythm and electrical activity of the heart. The first cycle identified an inconsistent approach to the management of these patients. The practice implemented a series of actions and following the second audit cycle all patients on amiodarone had recent up to date blood tests and ECGs with a recall system in place ensuring future tests were regularly scheduled.
- Furthermore, we saw an audit which reviewed 41 of the 156 joint or soft tissue injections performed at Cherrymead Surgery between April 2015 and May 2016.
- The audit was performed to assess for the presence of contra-indications, complications and effectiveness. On review, the practice had two recommendations which had now been implemented. One of which was to add participation in high impact sport to the list of contra-indications.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The reception manager had an extended role and co-ordinated all the training for practice staff. The practice could therefore demonstrate how they ensured role-specific training and updating for relevant staff. For example, one of the GPs had completed a Royal College of General Practitioners training course on joint and soft tissue injections for General Practitioners (including clinical assessment and conservative management).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation received support or were signposted to the relevant service.
- Information from Public Health England showed 98% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared with the CCG average (96%) and the national average (94%). Smoking cessation advice was available from the health care assistant and phlebotomist who had both completed smoking cessation training.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 88%, which was higher when compared to the CCG average (84%) and 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice staff also told us patients at Cherrymead Surgery were proactive and fully understood the importance of national cancer screening programmes. Data from Public Health England indicates:

- 62% 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 (59%) and national average (58%).
- 88% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged from 96% to 99% (CCG averages ranged between 95% to 97%) and five year olds from 97% to 99% (CCG averages ranged between 93% to 96%).

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. The practice was required to invite a minimum of 640 patients for their NHS health check (patients aged 40-74). This was achieved as 677 patients were invited and 316 patients had a full health check. 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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients comments highlighted they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was generally lower when compared to local and national performance for its satisfaction scores on consultations with GPs. Notably, satisfaction scores for consultations with Cherrymead nurses and interactions with receptionist staff was better than the local Clinical Commissioning Group and national averages. For example:

- 87% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%).
- 81% of patients said the last GP gave them enough time (CCG average 88%, national average 87%).
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 80% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 94% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).

- 94% of patients said the nurses gave them enough time (CCG average 92%, national average 92%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

We spoke with the practice about the low satisfaction scores for consultations with GPs. One possible reason behind the lower scores may be due to the significant changes in staff within Cherrymead Surgery. The vast majority of patient feedback, written and verbal, highlighted the GPs were sincere, welcoming, respectful, supportive, compassionate and caring. Patients we spoke with told us they said staff treated them with respect and were genuinely interested in their wellbeing.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

All patients we spoke with 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 from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 86% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 91% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).

Are services caring?

- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. In June 2016, the practice patient population list was 10,452. The practice had identified 198 patients, who were also a carer; this amounted to 1.9% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Cherrymead Surgery offered twice weekly pre-bookable evening clinics every Tuesday and Thursday evening when the practice remained open for appointments and telephone consultations until 8.15pm.
- People's individual needs and preferences are central to the planning and delivery of tailored services. Services are flexible, provide choice and ensure continuity of care for example, telephone consultations were available for patients that chose to use this service.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The appointment system which incorporated GP telephone triage resulted in same day appointments for children and those patients with medical problems that require same day consultation.
- Cherrymead Surgery was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting area and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had a lift, step free access, an automatic door entrance to help those with mobility difficulties and a portable hearing loop to help those with hearing difficulties.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book GP triage calls online which may result in an appointment.
- The practice had a page on a popular social media website, with health promotion posts and information about services to widen information sources for patients. We saw this included information on carers, diabetes and information events held at the practice.

Access to the service

The practice had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8am to 6.20pm daily. Extended opening hours were available every Tuesday and Thursday when the practice remained open for appointments and telephone consultations until 8.15pm.

In addition to pre-bookable appointments, same day appointments were made available daily and urgent appointments were also available through a system of triage. For urgent appointments, patients were called back by a designated duty GP to determine whether they needed to see a GP, nurse or if their needs could be met by a different service such as a pharmacist. The triage service was also an advice line for patients, where the GP could advise patients on their conditions and care. Several local practices have attended demonstrations at Cherrymead Surgery in a view to improve patient access at their own practices. GPs we spoke with said this had reduced the need for appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better when compared to local and national averages. For example:

- 93% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 97% of patients who say the last appointment they got was convenient (CCG average 92%, national average 92%).
- 81% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).
- 94% of patients said they could get through easily to the practice by phone (CCG average 76%, national average 73%).

Written feedback on CQC comment cards regarding access was also positive. All patients told us on the day of the inspection that they were able to get appointments when they needed them. However, some patients we spoke with during the inspection were not fully aware of the appointment and triage system. Cherrymead Surgery had clear comprehensive information about the appointment and triage system throughout the practice including

Are services responsive to people's needs?

(for example, to feedback?)

detailed information on the practice website and patient newsletter. When this was discussed with the management team they said they would review other methods of communication to promote the appointment system which may involve the practice reference group and patient participation group.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. analysis of trends and action was taken to as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system.

We looked at a random sample of five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to as a result to improve the quality of care. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the practice manager or one of the GPs. For example, we saw one complaint about a delay and prolonged review of test results following an electrocardiogram (ECG). ECG is a test to check the rhythm and electrical activity of the heart. The practice subsequently identified issues in regard the process of reviewing ECG test results and as a result of the feedback the protocol had been changed to reduce the likelihood of further delays.

The practice manager had reviewed and responded to the majority of feedback on NHS Choices website, sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver safe, up-to-date care whilst maximising the wellbeing of patients.

- The practice had a robust visible long-term strategy and supporting business plans which reflected Cherrymead Surgery values, was regularly monitored and was based on stability.
- Training and staff development was a fundamental feature of the practice's strategy and staff felt well supported in this regard when we discussed their personal development with them.
- We saw a systematic approach to the use of locum staff as the practice continues to seek a fourth GP Partner.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings.
- Practice specific policies were implemented and were available to all staff.
- Despite a significant amount of change within Cherrymead Surgery, an understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP Partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff told us the management team encouraged a culture of openness and honesty and this was reflected in the reporting of incidents and feedback provided through appraisals.
- Staff said and early results from the staff survey indicated they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), the patient reference group (PRG) and through surveys and

Are services well-led?

Good 

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

complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a recent suggestion from the PRG was to highlight current 'live' waiting times. This suggestion was acted upon by the practice and on the day of the inspection we saw regularly updated current wait times visible on a large TV screen in the waiting areas. This allowed patients and their carers to see any potential delays in their appointments.

- We found the practice to be very involved with their patients, the PPG, the PRG and other stakeholders. We spoke with one member of the PPG and they were very positive about the role they played and told us they felt engaged with the practice.
- There was evidence of regular meetings and PPG members' involvement in undertaking practice supported initiatives. For example the practice and PPG members had arranged open evenings facilitated by the practice. Recent topics covered included Alzheimer's disease and dementia. We were told these education meetings were very well attended with over 60 patients and their carers attended. We saw plans for a further meeting in autumn 2016 educating patients on diabetes and diabetes related complications.
- The practice was engaged with Chiltern Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings. The relationship between the PRG and the practice was strong with regular meetings that were attended by practice GPs and practice management.
- We saw the practice had gathered feedback from staff through staff surveys and generally through staff meetings, appraisals and discussion. We were presented with the recent staff survey which commenced in April

2016. At the time of the inspection the management team were collating the results and planning a review of comments and responses. Early findings suggested staff were happy and enjoyed working at Cherrymead Surgery. There were several areas for improvement which the practice will endeavour to resolve. All staff we spoke with including the locum members of staff told us they enjoyed working at the practice and would recommend working there to a friend or family member. Furthermore, staff told us they felt involved and engaged to improve how the practice was run and they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- Cherrymead Surgery patient participation group (PPG) and patient reference group (PRG) supported other practice patient groups within the area to mobilise and implement a patient group. The patient groups from Cherrymead Surgery shared learning and suggestions to other groups for improving, changing and developing patient services within different practices.
- GPs and nurses from Cherrymead Surgery facilitated a medicine to be prioritised as a monitored medicine following an in-house clinical audit. This ensures serious potential adverse effects to this medicine were minimised through regular and robust monitoring.
- With a view to improve access to GPs and nurses, Cherrymead Surgery regularly hosts visiting GP practices to demonstrate effective use of their telephone triage appointment system.