

Rooksdown Practice

Quality Report

Park Prewett Medical Centre
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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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Rooksdawn Practice	5
Detailed findings	6
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires

Improvement overall. (Previous inspection 06/2017 – Requires Improvement).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. As the overall rating is requires Improvement the population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced focused inspection at the Rooksdawn Practice on 17 January 2018. This inspection was conducted to follow up on breaches of regulations that were found in the previous inspection, which were related to the responsive and well led domains. We also reviewed areas where we made recommendations for improvement.

Cedar Medical Limited as the provider, since our last inspection in June 2017, changed one location known as The Beggarwood Surgery to become a branch of Rooksdawn Practice. The patients list had merged in August 2017 and the registration amended in January 2018. A full comprehensive inspection had been carried out at The Beggarwood Surgery in February 2017 and had been placed into special measures and remained in special measures following reinspection in November 2017.

We inspected The Beggarwood Surgery as a branch as part of this inspection of Rooksdawn Surgery.

At this inspection we found:

Summary of findings

- Structures, processes and systems to support good governance and management were newly in place and not yet embedded for the management of the needs of both the location and the branch as one service.
 - It was noted that there were two separate website addresses one for Rooksdown Practice and one for The Beggarwood. Surgery. This would suggest the new vision of one practice had not yet been imbedded and could cause confusion for communicating with patients.
 - The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
 - The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines. However clinical audit to improve on quality of care and outcomes for patients was not yet established as a programme to include the location as well as the branch.
 - Risks to patients were assessed and mostly well managed.
 - Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
 - The practice had good facilities and was well equipped to treat patients and meet their needs.
 - Staff involved and treated patients with compassion, kindness, dignity and respect.
 - Patient involvement was limited, although there was a patient participation group and the practice was working to re-launch the group.
 - There was a focus on continuous learning and improvement at all levels of the organisation.
 - The provider was aware of the requirements of the duty of candour.
- The areas where the provider **must** make improvements are:
- Establish and maintain 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

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	Requires improvement 
People with long term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Rooksdown Practice

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, and a practice manager adviser.

Background to Rooksdown Practice

The Rooksdown Practice is located at Park Prewett Medical Centre, Park Prewett Road, Basingstoke, Hampshire. RG24 9RG. Rooksdown Practice is part of Cedar Medical Limited.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Surgical procedures;
- Treatment of disease, disorder or injury;
- Family planning;
- Maternity and midwifery services;
- Diagnostic and screening procedures.

The practice website can be found at www.therooksdownpractice.co.uk

Rooksdown Practice occupies a purpose built medical centre that opened in May 2017. The premises are owned by NHS England via their estates division.

The practice provides services under a Personal Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice, now that it has merged with The Beggarwood Surgery has

approximately 13,600 registered patients. The practice has an above average working age population particularly for those between 25 and 45 years old. The practice has 81% of registered patients in paid employment in comparison to the national average of 61%. The practice has a lower than average elderly population, 6% in comparison to the national average of 17%. This percentage drops to 2% for the over 75 age group in comparison to a national average of 8%. The patient population is predominantly White British but there are some patients from other nationalities including, Polish, Hungarian and Asian origins. The practice has identified that 13% of the patient population is Polish.

The Rooksdown Practice has opted out of providing out-of-hours services to their own patients and refers patients to the out of hour's service via the NHS 111 service.

Rooksdown Practice has a branch surgery located at The Beggarwood Surgery, Broadmere Road, Basingstoke, Hampshire. RG22 4AG. We visited this branch surgery during the inspection of Rooksdown Practice.

Population group ratings:

Older people: Requires Improvement

People with long-term conditions : Requires Improvement

Families, children and young people :Requires Improvement

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

People whose circumstances may make them vulnerable : Requires Improvement

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

Are services safe?

Our findings

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

Safety systems and processes.

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and 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 regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. Clinical staff had been trained to level three child safeguarding. They knew how to identify and report concerns. 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 required. The practice were aware of there being a challenge at the branch surgery as the clinical staff included locum GPs. We saw that the practice was advertising nationally for GPs.
- 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.
- 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 minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- 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.

Are services safe?

Track record on safety.

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made.

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. 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. For example we saw a response to a situation where a number of clinical letters had not been reviewed, the practice had placed weekly monitoring of GP letters on the agendas of practice and clinical meetings.

- 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.

Arrangements to deal with emergencies and major incidents.

The practice had adequate arrangements 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.
- The practice had a comprehensive business continuity plan 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

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

At our last inspection we found that there were areas where improvement should be made.

Ensure arrangements are in place to undertake appropriate follow up of patients diagnosed with depression. Review and update procedures and guidance. Review the feedback from patients in regard to the customer care offered by some reception staff. Review and act upon feedback from patients in regard to specific aspects of the care provided.

Effective needs assessment, care and treatment.

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- All staff have had training in complaint and incident training reporting on the practice computer reporting system used known as Radar system which allowed detailed information and actions to be recorded and disseminated.
- Incidents and complaints were discussed at weekly practice meetings and practice management meetings.
- Minutes of meetings, incidents and learning were disseminated to the whole team by a group Beggarwood and Rooksdown team email.
- A programme of weekly and monthly meetings had been developed and was being embedded.
- Weekly practice management meetings at each site.
- Monthly clinical team meetings were taking place with integrated care meetings and whole practice team meetings.

Cedar Medical Limited as the provider, since our last inspection in June 2017, changed one location known as The Beggarwood Surgery to become a branch of Rooksdown Practice. The patients list had merged in August 2017 and the registration amended in

January. However the data used in this inspection report related to Rooksdown Practice only as at the time of inspection there was no published data for the Quality and Outcome Framework results to include the branch surgery.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice has provided more GP and Advanced Nurse Practitioner appointments to meet patient needs.
- Following complaints about reception communication the reception team have been made more resilient by addition of two new team members who bring different customer care experience to the team.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The nursing team had created nurse led chronic care clinics to make appointment booking for patients easier.
- The practice had recruited two pharmacists to assist us with patient's medicines management.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were 96% which was above the target percentage of 90%.
- The practice was in dialogue with a health visitor, with a view to arranging health visitor clinics weekly at the location and branch site.
- The practice offered same day access to families and young children with acute illness.
- The health visitors attended the practice Integrated Care meeting and met with GPs regularly. Integrated health

Are services effective?

(for example, treatment is effective)

care, often referred to as interprofessional health care, is an approach characterized by a high degree of collaboration and communication among health professionals.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had increased the number of prebooked and telephone appointments to allow people of working age to access services.
- The practice had submitted a proposal to form a primary care hub with another local practice with a view to participating in the Improving "Access 8-8 pilot". This is a service where practices join together in order to offer patients access to a local GP between the hours of 6.30pm – 8pm every weekday and 8am – 8pm on Saturdays and Sundays.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The monthly Integrated Care meetings gave a forum for GPs to discuss the care of vulnerable children and adults and look at how they provided care and working together.

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average at 84%.

- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average at 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 84%; clinical commissioning group (CCG) 89%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 95%; CCG 94%; national 96%).

Monitoring care and treatment.

The most recent published Quality and Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 13% compared with a 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.)

Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality. For example we saw that an audit of warfarin prescribing at the practice took place in November 2017. The results showed that there had been breakdown in update of results from providers since the practice merger in August 2017 this had skewed the dataset. Contact was made by practice management to ensure accurate information was being provided. It was decided to continue utilising the practice computer data base drug monitoring facility on a monthly basis as an effective monitoring tool. A GP took on oversight, pending the clinical pharmacist appointment which has now happened. There was a clinical update provided on policy to clinical and locum staff in a practice meeting. This showed that 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.

Are services effective?

(for example, treatment is effective)

Effective staffing.

On the day of inspection there were three salaried GPs (two female and one male) working at the Rooksdown Practice. There were a total of 18 GP sessions per week (2.25 whole time GPs). The practice also used locum GPs and a lead GP was splitting their working time between this practice and the branch surgery. In addition the practice employed advanced nurse practitioners (ANPs) who were qualified to prescribe a range of medicines and offer care to patients with a range of minor illnesses. At the time of the inspection there was a part time ANP and a long term locum ANP. There were two part time practice nurses and a part time health care assistant. Clinical staff at Rooksdown Practice were supported by a new practice manager. They coordinated the running of the practice and managed the team of administration and reception staff. The branch practice were using three long term locum GPs and the provider future organisational chart shown to us had gaps showing vacancies for a GP and Advanced Nurse Practitioner. The branch had a separate practice manager.

The practice told us that at Rooksdown Practice they had increased the capacity of clinical team appointments to meet patient needs from 31,845 in 2016 to 41,861 2017.

They had recruited two pharmacists to work at practices to assist people with their medicine needs.

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

- The practice understood the learning needs of staff and provided training to meet their training requirements. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment.

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives.

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

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.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion.

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice 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.
- We found that 14 of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The two negative comments were around lack of communication around medicine checks and customer care around obtaining appointments. The practice had employed new pharmacists to assist with medication checks and new reception staff had been employed to assist with increases in patients' requests for appointments.

Results from the July 2017 annual national GP patient survey relating to Rooksdawn Practice showed patients felt they were treated with compassion, dignity and respect. A total of 321 surveys were sent out and 114 were returned. This represented about 1% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 96%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 92%.

- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

The practice were aware of the results being below the local and national averages and was working to improve these figures since our last inspection. The figure reflected the practices position in July 2017.

They had created an action plan to increase patient confidence in the practice. They told us that they had improved patient access with a wait of less than seven days for a routine appointment which they told us compared with a national average of 13 days. There had been a reduction in complaints in last two months on NHS choices and complaints. There had been positive feedback on NHS choices and by letters. They had embedded meeting structure and reporting processes to respond to future feedback and patient needs.

Involvement in decisions about care and treatment.

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them. The practice continued to assist Polish speaking patients in the practice area.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their 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, such as support for isolated or house-bound patients.

Are services caring?

The practice proactively identified patients who were carers. There was also a form which patients could complete alerting the practice that they were a carer and the type of care they were giving. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 300 patients as carers (2.5% of the practice list)..

- The practice supported carers, for example: the practice website had a link to carers direct to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, the practice worked to meet the family's needs and by giving them advice on how to find a support service.

Results from the national GP patient survey relating to Rooksdown Practice showed patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages:

- 71% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 87%.
- 71% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 81%.

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 92%; national average - 92%.

The practice was working to improve these figures with the introduction of an action plan.

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.
- 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

At our previous inspection on 30 June 2017 we found that insufficient progress had been made and the practice remained rated as requires improvement for providing responsive services.

- Access to appointments
- Sharing learning from complaints

Both required improvement. Consequently the practice was rated requires improvement for provision of responsive services.

At this inspection we found the practice had made some improvements. However, further improvement was needed to be made across the practice and branch in relation to the patient experience and access to appointments to have their needs met. The practice remains rated as requires improvement 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, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- 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, there were accessible facilities, which included a hearing loop. An interpretation service was available and guidance on how to use this service was available to staff.

- All treatment and consulting rooms were on the ground floor with wide corridor and wide door access to assist patients who used wheelchairs or mobility scooters.
- 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 has provided more GP and advanced nurse practitioner (ANP) appointments to meet patient needs.
- Following complaints about poor communication by some members of the reception team. Two new team members were recruited who had previous customer care skills and support was given to existing staff on being customer focused.
- The practice had maintained the team of GPs and ANPs which allowed continuity of care which was valued by older patients who used the practice.
- The practice recruited two pharmacists to assist with medicines management including polypharmacy. The use of multiple medicines, commonly referred to as polypharmacy is common in the older population with multimorbidity, as one or more medicines may be used to treat each condition.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- The practice nursing team had created nurse led chronic care clinics to make appointment booking for patients easier.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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. Records we looked at confirmed this.

Are services responsive to people's needs?

(for example, to feedback?)

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice was in the process of arranging health visitor clinics weekly at the two sites.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice had increased the number of prebooked and telephone appointments to allow people of working age to access services.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- At the practice monthly Integrated Care meeting there was forum to discuss the care of vulnerable children and adults and look at the how practice provided care and worked with other health care professionals to meet patients' needs.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- The practice had implemented changes to improve same day access to patients including those with acute mental health issues.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service.

The practice reception was open from 8.30am to 6pm every weekday. The phone lines were open from 8am to 6.30pm every weekday and a GP was on duty until 6.30pm. The practice offered appointments from 8.30am to 1pm and 3pm to 5pm daily with the duty doctor seeing patients until

6pm. Home visits and telephone consultations were offered in the break between clinics. The practice did not offer extended hours appointments because of local planning restrictions upon opening times.

The practice also offered telephone consultations with the GPs and ANPs to establish whether advice and treatment could be given; an urgent appointment was needed or if the patient could be seen at a pre-booked appointment. Appointments could be accessed via the telephone; online or in person. The practice had revised their appointment system in the autumn of 2016 to include the role of advanced nurse practitioners and widen the opportunity for patients with minor illnesses to receive an on the day service. The practice offered online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

Patients were able to access care and treatment from the practice but told us that this was not always at an acceptable timescale for their needs.

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

Results from the July 2017 annual national GP patient survey relating to Rooksdawn Practice showed that patients' satisfaction with how they could access care and treatment was below local and national averages. A total of 321 surveys were sent out and 114 were returned. This represented about 1% of the practice population.

- 60% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 80%.
- 53% of patients who responded said they could get through easily to the practice by phone; CCG – 78%; national average – 76%.
- 53% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 78%; national average – 76%.
- 43% of patients who responded described their experience of making an appointment as good; CCG – 68%; national average – 73%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was working to improve these figures with the introduction of an action plan.

Listening and learning from concerns and complaints.

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. We were given details of seven complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example a patient complained that the reception staff did not appear to be of a caring nature. The practice responded by developing training and feedback sessions for the reception staff and was an ongoing project. This was also posted on the practice notice board as part of the “you asked, we are listening” project.

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.

At our previous inspection on 30 June 2017 we found that insufficient progress had been made and the practice remained rated as requires improvement for providing well led services.

- Operating consistent systems of governance.
- Operating processes to maintain the safety and welfare of patients.

Cedar Medical Limited, since our last inspection in June 2017, had changed one location known as The Beggarwood Surgery to become a branch of Rooksdown Practice. The patients list had merged in August 2017 and the registration amended in January 2018. A full comprehensive inspection had been carried out at The Beggarwood Surgery in February 2017 and had been placed into special measures and remained in special measures following reinspection in November 2017. At this inspection we found the practice had made some improvements. However, insufficient progress had been made and the practice remains rated as requires improvement for providing well led services.

Leadership capacity and capability.

- Leaders appointed had the experience, capacity and skills to deliver the practice strategy and address risks to it. However the leadership was not yet stable.
- At the time of inspection the practice was not complying with the conditions of its registration. There had not been a registered manager since April 2015. A registered manager is required to be in post and the practice was not meeting this condition. (A registered manager carries legal responsibility for ensuring the practice complies with regulations). However, we saw that an application had been completed for a registered manager.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example the practice had employed a new practice manager and a new clinical lead was due to start at the practice in March 2018. The branch had its own practice manager. The practice had processes to develop

leadership capacity and skills, including planning for the future leadership of the practice. These had only just started to be implemented we saw that there were several vacancies for GPs and Advanced Nurse Practitioners.

- On the day of inspection the salaried GPs and practice management arrangements were relatively new and needed time to embed and learn about 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 being developed. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice was trying to develop its vision, values and strategy jointly with patients, staff and external partners. Patients we spoke with felt that there was some changes taking place but were concerned about what direction the practice was taking now that it had the branch site. It was noted that there were two separate website addresses one for Rooksdown Practice and one for The Beggarwood Surgery. This would suggest the new vision of one practice had not yet been imbedded and could cause confusion for communicating with patients.
- Staff were aware of and were starting understood the vision, values and strategy and their role in achieving them.
- The practice had a mission statement which staff knew and understood.
- 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.
- The practice monitored progress against delivery of the strategy.
- The practice had an interim clinical lead in place who had clearly worked hard to make improvements. There was limited information on how continuity of service oversight and provision would be maintained when a new clinical lead commenced employment in March 2018.

Culture.

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

- Staff stated they felt respected, supported and valued. They were happy to work in the practice.

Are services well-led?

Requires improvement 

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

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw three examples of complaints and found that the practice had conducted investigation into each complaint. Responses to complainants were detailed and sent in a timely manner. Lessons were learned from individual concerns when these were reviewed at practice meetings.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example the new practice manager had completed a letter of response to a patient who had concerns about a number of concerns. There was a full explanation of why and what actions would be taken to improve. There was also an apology from the practice.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Governance arrangements.

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

- Structures, processes and systems to support good governance and management were newly in place for the management of the needs of both the location and the branch as one service. Although at the time of our inspection the practice had still not completed the process to have a registered manager in place and there was no permanent lead GP in post for the practice and branch.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

- The practice had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance.

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example we saw that the practice had recently reviewed Safeguarding Children Policy and procedures for both the practice and branch.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency alerts, incidents, and complaints.
- Clinical audit had some impact on quality of care and outcomes for patients however the practice had not established as a programme to include the location as well as the branch site. However we saw that an audit of warfarin prescribing at the practice took place in November 2017.

Appropriate and accurate information.

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care. There were plans to address any identified weaknesses..
- The practice submitted data or notifications to external organisations as required. We saw details of a report sent to NHS England with a full reply to details of a complaint made by a patient in relation to a prescription not being sent out to a pharmacy.

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.

- There was a patient participation group and the practice was working to re-launch the group in March 2018.

Are services well-led?

Requires improvement 

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

- The service was transparent, collaborative and open with stakeholders about performance. For example the practice working closely with the local Clinical Commissioning Group at The Beggarwood Surgery to make required improvements.

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. For example the practice has implemented changes to improve same day access to patients including those with acute mental health problems. The practice has liaised with Community Mental Health Teams and updated information on referral pathways and services and reviewed and improved of patients with depression.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not evidenced to be embedded. In particular: Systems were not formalised to ensure that there was overall governance, leadership and quality improvement across the practice and the branch . • The practice had undertaken reviews but access to appointments did not always meet patients' needs to provide continuity for patients across the practice and the branch. • The patient overall feedback such as recorded through surveys was below average and there were not clear actions to improve.