

Riverside Surgery

Quality Report

Riverside 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 Riverside Surgery in High Wycombe, Buckinghamshire on 16 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Feedback from patients relating to the quality of care was in line with local and national averages. Written and verbal feedback collected during the inspection highlighted the new appointment system and new telephone system had significantly improved access.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, community specific training to support the large proportion of practice patients who were Muslim.
- The practice had good 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.

Summary of findings

- It was evident the practice had gone through a period of transition including a significant number of key staff changes and the adoption of a non-traditional staff model. Despite this we saw evidence of team working across all roles.

The areas where the provider should make improvement are:

- Continue to monitor access to appointments to ensure patients are able to contact the practice to make appointments without difficulty.
- Ensure an action plan for learning disability reviews with a view to increase the number of annual health checks is monitored through the practice meetings.

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.

- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had a comprehensive understanding of clinical performance and could evidence improved patient outcomes. For example, the practice provided 2016 National QOF data which indicated that 100% of points had been achieved which was a 2% improvement on the previous year's QOF performance.
- 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.
- Clinical audits demonstrated quality improvement.
- We saw evidence of community specific training; for example, several members of staff had attended a Ramadan Education and Awareness in Diabetes (READ) training programme.

Good



Summary of findings

Approximately, 30% of Riverside Surgery patients are Muslim (members of the Islamic faith) and within the practice population there was a high prevalence of patients with diabetes.

- There was a programme of staff appraisals and evidence of performance monitoring, identification of personal or professional development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Verbal and written patient feedback highlighted patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.
- Furthermore data from the latest national GP patient survey (published in July 2016) showed that patients rated the practice highly for the vast majority of aspects of care. For example, 90% of patients said the last GP they saw or spoke to was good at treating them with care and concern. This was higher when compared to the local clinical commissioning group (CCG) average (87%) and national average (85%).
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- The practice had good accessible facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Data collected via the national GP patient survey reported patients found it difficult to access the practice via telephone. For example, 49% of patients said they found it easy to get through to Riverside Surgery by telephone, CCG average was 73% and national average was 73%.
- However, 95% of patients said the last appointment they got was convenient, both the CCG average and national average was 92%.
- All of the verbal and written feedback received on the day of the inspection, was positive about access and highlighted that the new appointment system and new telephone system was a significant improvement and it was now easier to see a GP or nurse.
- Information about how to complain was available and easy to understand and evidence showed that 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.

- The practice had a clear vision and strategy to deliver high quality care to Riverside Surgery patients whilst promoting equality and diversity and addressing inequalities. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a non-traditional management structure and but all staff were aware of their own roles and responsibilities and felt supported by the management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. The practice had monitored and managed patient feedback with a view to meet patient demand and improve access.
- 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.

Good



Summary of findings

- Despite significant changes within the practice over the three previous years, there was a focus on continuous learning and improvement at all levels. This included alliances being strengthened with other local practices with a view of developing a community health hub.

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 patients.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Riverside 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.
- Over the three previous flu campaigns, Riverside Surgery had opportunistically screened patients for atrial fibrillation who were attending the practice for their influenza vaccination. Atrial fibrillation (AF) is an irregular pulse, could be a sign of an abnormal heart rhythm and is one of the most common forms of abnormal heart rhythm and a major cause of stroke. Opportunistic screening at flu clinics alongside other diagnostic tests had increased the number of confirmed AF diagnoses cases from 26 patients in 2013/14, to 39 patients in 2014/15 and more recently 43 patients in 2015/16.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- All of nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages. For example, Riverside Surgery's performance for osteoporosis (osteoporosis is a condition that weakens bones, making them fragile and more likely to break) indicators was higher than both the local and national averages. The practice had achieved 100% of targets which was higher when compared to the CCG average (96%) and the national average (81%).

Good



People with long term conditions

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

- The number of patients registered at Riverside Surgery with a long-standing health condition was higher than local and national averages. For example, 59% of Riverside Surgery patients had a long-standing health condition, this was higher than the local CCG average (52%) and national average (54%).

Good



Summary of findings

Specifically, the prevalence of diabetes within the patient population was higher than local and national averages. Approximately 8% of Riverside Surgery patients have diabetes, higher than both the local CCG prevalence (6%) and national prevalence (6%).

- GP's and nurses had additional training and lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice made full use of e-mail consultations and telephone consultations to help diabetic patients manage their condition without having to attend the practice.
- Performance for diabetes related indicators showed Riverside Surgery had achieved 94% of targets which was similar when compared to the CCG average (93%) and higher when compared to the national average (89%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with local averages and higher than national averages for all standard childhood immunisations. The practice was working with local midwives to increase immunisation rates for specific pregnancy related 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 81%, which was similar 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).

- 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.
- There was a range of appointments including early morning, evening and Saturday morning appointments. These appointments were specifically for patients not able to attend outside normal working hours but there was no restrictions to other patients accessing these appointments.
- Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people 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.
- All patients with a learning disability were invited to attend the practice for an annual health check. In 2014/15, Riverside Surgery had carried out annual health checks for 73% of people with a learning disability. Data for 2015/16 showed fewer health checks had been completed as 58% people with a learning disability had a health check.
- 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.

Good



Summary of findings

- 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).

- 92% 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 similar when compared to the CCG average (89%) and national average (88%).
- 84% 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 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. The practice was also working towards becoming a dementia friendly practice.
- One of the GPs from Riverside Surgery was leading a community engagement project for dementia awareness within the BME community. (BME refers to Black and Minority Ethnic or Black, Asian and Minority Ethnic, terminology normally used in the UK to describe people of non-white descent.) Part of the project involved increasing the awareness of dementia in BME communities initially in the High Wycombe, Chesham and Aylesbury Vale area whilst seeking the views of communities, patients and carers. This project also identified the barriers when seeking advice and support, treatment and services. The GP had also engaged with focus groups via local community

Good



Summary of findings

interest groups, local faith groups and via BME radio stations to help de-stigmatise dementia in BME communities and support patients to seek an early diagnosis of dementia and plan for their future.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had lower performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. Specifically, Riverside Surgery patient's satisfaction for aspects relating to accessing care and treatment at the practice was lower than CCG and national averages. On behalf of NHS England, Ipsos MORI distributed 274 survey forms and 114 forms were returned. This was a 42% response rate and amounted to approximately 1.1% of the patient population.

- 49% of patients found it easy to get through to this practice by telephone (CCG average 73%, national average 73%).
- 81% 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%).
- 76% of patients described the overall experience of this GP practice as good (CCG average 86%, national average 85%).
- 64% 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%).

Before and during the inspection we discussed these survey results and low levels of patient satisfaction. The practice was fully aware of the latest results and we saw evidence of a comprehensive review of the results, various actions (short term and long term) and full engagement with the patient participation group (PPG) to improve the overall patient experience. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

One of the actions to improve access and ultimately patient satisfaction was a 'review of appointments system' meeting with receptionists, clinicians & PPG representatives.

The practice described a period of instability from 2012 to 2015 with GP retirements & significant staff changes including the long standing practice manager partner retiring in 2013. All of the Riverside Surgery team we spoke with positive about the changes were keen to provide good patient care and experience to all our patients and were positive that patient satisfaction would improve.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which all gave a positive view on the standard of care received. Several of the comment cards highlighted the improved level of access. Furthermore, patients commented on receipt of excellent service from the GPs and nurses.

We spoke with 12 patients during the inspection and two members of the patient participation group. Verbal feedback aligned to the level of satisfaction which was highlighted in the written feedback and also mentioned the improvements made within the practice. All 12 patients and both members of the patient participation group praised the care they received and thought staff were approachable, committed and caring.

Further verbal and written feedback highlighted that long term health conditions, specifically diabetes management was well monitored and supported.

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 were happy with the service provided, or where improvements were needed.

- Riverside Surgery achieved a 95% satisfaction rate in the NHS Friends and Family Test in August 2016, 100% in July 2016, 55% in June 2016 and 65% in May 2016.

Riverside 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 and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Riverside Surgery

Riverside Surgery is a GP practice located in purpose built premises on the outskirts of High Wycombe town centre in Buckinghamshire. Riverside Surgery is one of the practices within Chiltern Clinical Commissioning Group (CCG) and provides general medical services to approximately 9,800 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

- Riverside Surgery, George Street, High Wycombe, Buckinghamshire HP11 2RZ.

The practice has a mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds, approximately 30% of patients have an Asian background and 7% have a Black background. In addition, High Wycombe has a growing Eastern European community; this is reflected in the patient population list as

there is a growing number of Polish and Romanian patients registered with Riverside Surgery. This ethnic mix is consistent with the variety of cultures in High Wycombe. There are a large proportion of the patients who speak English as a second language, a high prevalence of long term conditions and a large percentage of patients are housebound.

According to data from the Office for National Statistics, Buckinghamshire has minimal economic deprivation. However, Riverside Surgery is located within a pocket of high deprivation. The practice has a highly transient patient population; people living in more deprived areas tend to have greater need for health services and people outside of the country for long periods often has an impact on screening and recall programmes.

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 between 20 and 34 years of age.

Over the previous three years Riverside Surgery has seen a significant amount of change, including changes of key members of staff including GP Partners, the practice manager and departmental managers.

The practice comprises of three GP Partners (all female), four salaried GPs (three female and one male) and three GP Registrars (two female and one male). Riverside Surgery is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. In addition, a pharmacist advisor recently joined Riverside Surgery.

The all-female nursing team consists of one advanced nurse practitioner, three practice nurses and a health care assistant who also performs phlebotomy duties.

Detailed findings

Three departmental managers (with oversight from the GP Partners) are supported by a team of reception, administrative and secretarial staff who undertake the day to day management and running of Riverside Surgery.

Riverside Surgery is open between 8am and 6.30pm Monday to Friday (appointments between 8.40am and 5.50pm). Each week extended hours appointments were available, once a week the practice was open between 7am and 8am, the following week the practice was open one evening a week between 6.30pm and 7.30pm. Riverside Surgery was also open every Saturday morning for pre-bookable appointments between 8.30am and 11.30am. The duration of the Saturday morning clinic had been increased following a successful trial and patient feedback.

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 both practices 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 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 to Riverside Surgery on 16 September 2016. During our visit we:

- Spoke with a range of staff. These included GPs, a nurse, departmental managers and several members of the administration and reception team.
- Also spoke with 12 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. For example, we discussed a recent national patient safety alert and subsequent medicines recall which was issued two weeks prior to the inspection. The alert was recorded and disseminated to all clinical members of staff, added to the GP locum pack and processes reviewed to ensure all potential stores of medicines, including the emergency kit were checked. All clinicians we spoke with were aware of this alert, the alert was recorded.

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 a medical emergency in March 2016 at the reception desk.

This investigation highlighted and celebrated responsive collaborative team work involving the reception team, nurse team and GPs. Following this incident, there was a full review which included the practices use of emergency medicines and an analysis of benefits of adding an additional medicine to the practices emergency kit.

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. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- Notices in the reception and 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). We saw one newly appointed member of staff was awaiting a new DBS check, until the practice had received clearance; this member of staff had a risk assessment and was unavailable to act as a chaperone.
- Riverside Surgery maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses had been appointed as the infection control lead. They had attended external training and had allocated time to complete this extended role which included liaison 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. Bi-annual infection control audits were undertaken. We saw the latest audit from September 2016 and subsequent action that was taken to address any improvements identified as a result, for example installing new foot pedal bins throughout the practice to reduce the risk of cross contamination.

Are services safe?

- 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 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. The health care assistant was trained to administer influenza vaccines and vitamin B12 medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five 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.

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 displayed which identified local health and safety representatives. The practice had up to date fire risk assessments (the latest from January 2016) and carried out regular fire drills. All electrical equipment was checked (November 2015) to ensure the equipment was safe to use and clinical equipment was checked (May 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 a legionella assessment (October 2015). Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- 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 previous two years; as a result the practice had a strategic approach to the use of locum GPs 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.
- 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 98% 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 similar when compared to the CCG and national averages, the practice had 8% exception reporting, the CCG average exception reporting was also 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).

The practice provided 2015/16 national QOF data (to be published in October 2016) which indicated an improvement as 100% of points had been achieved. However, this data was not yet externally validated.

Data from 2014/15 showed the practice was in line and above all of the QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 94% of targets which was similar when compared to the CCG average (93%) and higher than the national average (89%).

- Performance for hypertension (high blood pressure) related indicators showed the practice had 100% of targets which was similar when compared to a CCG average (99%) and the 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 the national average (93%).

There was evidence of quality improvement including clinical audit.

- Riverside Surgery is a training practice; we saw evidence of a long tradition of audit activity to monitor the quality of care offered to patients. We saw the audits were discussed at the practice team meetings, reflected upon and learning shared with the full practice team. Furthermore, we saw the practice participated in local audits, national benchmarking, accreditation and peer review.
- There had been nine clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored. However, the practice had acknowledged with the amount of change in the last few years the level of audit activity had reduced. This was being addressed, was a top priority and would also include second and third cycles of clinical audits and members of the nursing team completing audits commencing with audits within their specialist fields for example, diabetes.
- We reviewed all three of the completed clinical audits and the findings which were used by the practice to improve services. For example, one audit we reviewed which concluded in May 2016, reviewed the appropriateness of Riverside Surgery patients who had an onward referral to ear, nose and throat (ENT) services. ENT services specialise in the diagnosis, management and treatment of disorders of the head and neck, including the ears, nose throat, sinuses, voice box (larynx) and other structures.
- The first cycle of audit, (April 2014-April 2015) indicated 75% of ENT referrals were being made to the hospital ENT service and only 25% to the community ENT service. This was discussed at a clinical meeting. Guidelines for referral to community service and referral forms were reviewed.

Are services effective?

(for example, treatment is effective)

- The second cycle of audit, (February 2016-April 2016) indicated 33% of ENT referrals were being made to the hospital ENT service and 67% to the community ENT service. We saw latest the NICE guidelines were again reiterated as some inappropriate referrals were made to either service. However overall there was an improvement in the use of the community pathway.
- We heard of plans for a further audit to ensure this level and appropriateness of referral was maintained.

Effective staffing

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

- The reception manager at Riverside Surgery had an extended role and co-ordinated the induction programme and all the training for practice staff including the GP Registrars.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training, community specific training and updating for relevant staff. For example, several members of staff had attended a Ramadan Education and Awareness in Diabetes (READ) programme. Approximately, 30% of Riverside Surgery patients are Muslim (members of the Islamic faith) and within the practice population there is a high prevalence of patients with diabetes. During Ramadan, Muslims fast from dawn to dusk for one lunar month. The majority of Muslim diabetic patients are unaware of complications such as hypoglycaemia during fasting. Hypoglycaemia, also known as low blood sugar, is when blood sugar decreases to below normal levels. The training programme attended by practice staff included information about physical activity, meal planning, glucose monitoring, hypoglycaemia, dosage and timing of medications. Information shared by practice staff following the training empowered patients to change their lifestyle during Ramadan, minimise the risk of hypoglycaemic events and prevents weight gain during this festive period for Muslims.
- The learning needs of staff were identified by the management team through a system of appraisals, meetings and reviews of practice development needs.

Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff have had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. Furthermore, each consultation and treatment room within Riverside Surgery had the five principles which underpin the Act clearly displayed to assist decision making requirements.
- 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 effective?

(for example, treatment is effective)

- 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 96% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (96%) and the national average (94%). Smoking cessation advice was available every Thursday afternoon.
- All patients with a learning disability were invited to attend the practice for an annual health check. In 2014/15, Riverside Surgery had carried out annual health checks for 73% of people with a learning disability. Data for 2015/16 showed fewer health checks had been completed as 58% people with a learning disability had a health check.
- Over the three previous flu campaigns, Riverside Surgery had opportunistically screened patients for atrial fibrillation who were attending the practice for their flu vaccination. Atrial fibrillation is an irregular pulse, could be a sign of an abnormal heart rhythm and is one of the most common forms of abnormal heart rhythm and a major cause of stroke. Opportunistic screening at flu clinics alongside other diagnostic tests had increased the number of confirmed cases from 26 patients in 2013/14, to 39 patients in 2014/15 and more recently 43 patients in 2015/16.

Riverside Surgery encouraged patients to attend national screening programmes. However, the practice had a highly transient patient population; patients are often outside of the country for long periods and patients registering at the practice are often only in the area for short, temporary amount of time. This had an impact on screening and recall programmes. For example:

- The practice's uptake for the cervical screening programme was 81%, which was similar 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.

Furthermore, data from Public Health England indicated mixed success in patients attending national screening programmes:

- 53% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was lower when compared to the CCG average (59%) and national average (58%).
- 78% 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 similar when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 94% to 99%, (CCG averages ranged between 95% to 97%) and five year olds from 93% to 99% (CCG averages ranged between 93% to 98%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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 eight patient Care Quality Commission comment cards and all 12 of the patients we spoke with were positive about the service experienced. Patients comments highlighted they felt the staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey aligned with these views with the exception of patient interactions with reception staff. For example:

- 92% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 90%, national average 89%).
- 91% of patients said the last GP gave them enough time (CCG average 88%, national average 87%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 90% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).
- 93% of patients said the nurses gave them enough time (CCG average 93%, national average 92%).
- 76% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

On announcing the inspection, one of the documents provided by the practice was an action plan which had been developed following an analysis of the latest national

GP patient survey results. One of the ongoing actions to improve patient satisfaction with the reception team included involvement of the Patient Participation Group and updated staff training on telephone call control and managing conflict.

During the inspection we received verbal and written feedback from patients highlighting the compassion of the reception team. One patient described an occasion when a receptionist had taken time to carefully and compassionately explain how the new appointment system worked.

Care planning and involvement in decisions about care and treatment

Verbal and written patient feedback highlighted patients 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. We also saw that care plans were personalised and patient specific which indicated patient and their carers were involved in decisions about care and treatment.

Results from the national GP patient survey showed a mixed response in relation to questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 79% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 92% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

The practice had a mixed patient population. Patients registered at the practice were from a number of different ethnic backgrounds, this ethnic mix is consistent with the variety of cultures in High Wycombe. There are a large proportion of the patients who speak English as a second

Are services caring?

language. Not all staff we spoke with were aware that translation services were available for patients who did not have English as a first language. Once highlighted to the management team, we saw the revised translation policy was shared with all staff via email and copies of the policy displayed as visual reminders in all staff rooms. During the inspection, we saw notices in the three most commonly spoken languages (Urdu, Polish and Romanian) 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 areas and on the practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. In September 2016, the practice patient population list was 9,776. The practice had identified 149 patients, who were also a carer; this amounted to 1.5% 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. This 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. During the inspection, the practice told us they were currently developing a practice specific bereavement pack, including information which relates to the diverse population and culture requirements that Riverside Surgery provides GP services for.

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.

- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Riverside Surgery was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas 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 step free access, an automatic door entrance to help those with mobility difficulties, a lowered reception desk and was awaiting delivery of a portable hearing loop to help patients who used hearing aids.
- The practice has a mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds, approximately 30% of patients have an Asian background and 7% have a Black background. One of the GPs from Riverside Surgery was leading a community engagement project for dementia awareness within the BME community. (BME refers to Black and Minority Ethnic or Black, Asian and Minority Ethnic, terminology normally used in the UK to describe people of non-white descent.) Part of the project involved increasing the awareness of dementia in BME communities initially in the High Wycombe, Chesham and Aylesbury Vale area whilst seeking the views of communities, patients and carers. This project also identified the barriers when seeking advice and support, treatment and services. The GP had also engaged with focus groups via local community interest groups, local

faith groups and via BME radio stations to help de-stigmatise dementia in BME communities and support patients to seek an early diagnosis of dementia and plan for their future.

- Patients who wished to check their own blood pressure and their weight were encouraged to do so, there was a private area of the practice which contained equipment to allow patients to manage and record their height, weight and blood pressure.
- The practice website was well designed, clear and simple to use featuring regularly updated information.

Access to the service

Riverside Surgery was open between 8am and 6.30pm Monday to Friday (appointments between 8.40am and 5.50pm). Each week extended hours appointments were available, once a week the practice was open between 7am and 8am, the following week the practice was open one evening a week between 6.30pm and 7.30pm. Riverside Surgery was also open every Saturday morning for pre-bookable appointments between 8.30am and 11.30am. The duration of the Saturday morning clinic had been increased following a successful trial and patient feedback.

Following a period of instability from 2012 to 2015 with significant changes including GP retirements and GP's leaving, Riverside Surgery launched a new appointment system in April 2015 to ensure arrangements were in place to meet patients' needs. With the exception of urgent calls, calls for patients aged under five and aged over 75, on the day appointments would be made following a telephone consultation by the Duty GP. The patient participation group (PPG) supported the practice in implementing the new system which included an analysis at timely intervals. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

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

- 81% 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%).

Are services responsive to people's needs?

(for example, to feedback?)

- 95% of patients who say the last appointment they got was convenient (CCG average 92%, national average 92%).
- 70% of patients were satisfied with the practice's opening hours (CCG average 73%, national average 76%).

Patient satisfaction regarding telephone access was significantly below both local and national averages. For example:

- 49% of patients said they could get through easily to the practice by telephone (CCG average 73%, national average 73%).

Written feedback on CQC comment cards and verbal feedback regarding access to appointments did not align to the survey results. Patients commented since the changes to the appointment system and introduction of the Duty GP telephone triage system, they could always get an appointment and the levels of access including telephone access had significantly improved. One patient we spoke with recalled numerous occasions of ringing for an appointment and being offered an appointment within two hours of their initial phone call.

Before and during the inspection we discussed these survey results and low levels of patient satisfaction. The practice was fully aware of the latest results and we saw evidence of a comprehensive review of the results, various actions (short term and long term) and full engagement with the PPG to improve the overall patient experience.

One of the ongoing actions to improve access and ultimately patient satisfaction was a monthly review of appointments system meeting with receptionists, clinicians & PPG representatives. The PPG representative that we spoke with commented on one of the completed actions which had improved the overall patient experience. This referred to a revised telephone system which was more user friendly and provided an automated queuing system which informed patients of their position in the inbound call queue.

Despite the practice responding to patient feedback it was too early to evaluate the outcome of these changes.

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.
- Following a period of instability including several practice managers leaving, there was now a designated responsible person who handled all complaints in the practice. We saw the up to date record and audit of all verbal and written feedback received.
- We saw that information was available to help patients understand the complaints system. Staff we spoke with were aware of their role in supporting patients to raise concerns.

We looked at a random sample of complaints received in the last 12 months and found the vast majority were satisfactorily handled and dealt with in a timely way. During the period of instability, there had been confusion over who oversaw the correspondence for concerns and complaints, this had led to delays in responding to complaints. During the inspection, we saw a live document managed by one of the managers which now ensured all appropriate correspondence was recorded and reminders sent to the appropriate member of staff responding to the complaint.

We spoke with the newly appointment complaints lead; they were fully aware and operating in accordance to the practices complaints policy and procedure. We saw lessons had been learnt from individual concerns and complaints. 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 one of the GP Partners. For example, one complaint highlighted patients could over hear patient conversations whilst at the reception desk. The practice had reviewed this, implemented signage to promote the use of self-check in, installed a queue management system and was recruiting an additional receptionist, who would be located within the back office, all these actions with an aim to prevent patient conversations being overheard.

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

Riverside Surgery had a clear vision to deliver person-centred, high quality care in a safe environment whilst promoting equality and diversity and aim to address inequalities.

- The practice had a visible strategy including short term (the next 12 months), medium term (12-24 months) and long term (two to five years) objectives. These objectives were supported by business plans which reflected Riverside Surgery values. The strategy and plans were regularly monitored by the management team.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice. Staff told us the practice was patient focused and they told us the staff group were well supported.

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:

- Despite recent changes within the team, 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, partner, clinical governance and reception and administration staff meetings.
- Riverside Surgery specific policies were implemented and were available to all staff.
- Despite the amount of change within Riverside Surgery, an understanding of the clinical performance and patient satisfaction of the practice was maintained. The practice had proactively improved QOF performance and implemented actions to review and improve patient satisfaction, specifically to access to appointments.
- 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 management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality 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 GP 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.
- Staff told us there was a relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by GP Partners. Despite the flat hierarchy, there was a clear leadership structure in place and staff felt supported by management team who 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), more commonly known as 'Friends of Riverside' and through

Are services well-led?

Good 

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

surveys and complaints received. The PPG was highly active, met regularly, carried out patient surveys and were prepared to submit proposals for improvements to the management team.

- We found the practice to be involved with their patients, the PPG and other stakeholders. We spoke with two members 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 PPG highlighted their involvement and suggestions which led to the changes in the appointment system and more recently changes to the telephony system.
- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area whilst promoting equality and diversity. For example:

- Riverside Surgery had reviewed and evaluated the impact of local housing plans which indicated a new housing development including a supported housing

development within close proximity of the practice. The practice spoke of plans to work with Chiltern clinical commissioning group, the local council and other local practices to plan for the rising demand on GP services.

There was a focus on continuous learning and improvement at all levels within the practice. For example:

- Alliances were being strengthened with other local practices with a view of developing a community health hub.
- Riverside Surgery were reviewing traditional team member roles within general practice to improve the skill mix. An early review had led to the appointment of a pharmacist advisor had recently joining the team with a view to enabling practice patients receiving comprehensive medicines advice. The pharmacist advisor would also support the practice to complete medicine management reviews.
- Immediately after our inspection, we were sent an updated plan which included aspects of our initial feedback we provided at the end of the inspection. This detailed comprehensive plan and the practices understanding of why the concerns and issues regarding access had arisen in order to secure appropriate corrective action. The improvement plan detailed the concerns and each concern had separate sections. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.