

# Cressex Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



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 a comprehensive inspection at Cressex Health Centre in High Wycombe, Buckinghamshire on 18 August 2016. The practice was found to be inadequate in safe and requires improvement in effective, caring, responsive and well led. The overall rating for the practice was requires improvement. Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. The full comprehensive report on the August 2016 inspection (published in October 2016) can be found by selecting the 'all reports' link for Cressex Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The main issues of concern found at the August 2016 inspection related to a lack of formal governance arrangements including systems for assessing, monitoring and mitigating risks at the branch practice. We also found concerns within safeguarding, medicines management, training and patient satisfaction.

We carried out an announced comprehensive inspection at Cressex Health Centre on 26 April 2017. Overall the practice is rated as good. The improvements which led to these ratings apply to all population groups which are now rated as good.

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

- The practice had demonstrated significant improvements in governance arrangements and reflected strong and visible clinical and managerial leadership.
- Although environmental risks still remain at the branch practice; these risks had been assessed, managed and monitored.
- We found that completed clinical audit cycles were driving positive outcomes for patients.
- Data showed the practice had demonstrated improvements in patient's outcomes.
- Staff feedback had been considered and the practice had increased staffing levels.

# Summary of findings

- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice had consulted with staff and patients to improve the appointment system including opening times.
- Patients reported improved access to the clinical team. The practice had increased the availability of appointments to patients, enabling them to book appointments in advance with the GPs. The practice had also implemented processes whereby patients could speak to GPs on the telephone and/or attend early morning appointments held each weekday.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvements is:

- Ensure the suitability of the branch practice for which they are being used and properly maintained.

The areas where the provider should make improvements are:

- Improve the systems in place to effectively monitor and improve patient outcomes for patients on the learning disabilities register.
- Review the systems in place to promote the benefits of bowel screening in order to increase patient uptake.

**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 requires improvement for providing safe services.

Following our previous inspection in August 2016 the practice had made improvements in areas relating to safeguarding, the management of medicines including prescription stationary, infection control procedures, fire safety and the management of environmental health risks.

- Environmental risks still remain at the branch practice; however these risks had been assessed, managed and monitored. For example, fire and legionella risk assessments and remedial work had been completed. The environmental risks would remain until the refurbishment had been completed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff had completed safeguarding training relevant to their role.
- Blank prescription stationery was tracked through the practice and kept securely at all times.
- Both premises were clean and staff had reviewed infection prevention control and cleaning policies.
- The practice now had up to date fire risk assessments for both the main practice and branch practice. Corrective actions had been completed following these assessments. There were designated fire marshals, regular fire drills and fire evacuation plans for both premises.
- There was an effective system in place for reporting and recording significant events.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

Following our previous inspection in August 2016 the practice had made significant improvements in areas relating to the appraisal and training programme.

Good



# Summary of findings

- The practice was now able to demonstrate staff had the skills, knowledge and experience to deliver effective care and treatment. The appraisal programme had been formalised including the training matrix.
- We noted during the Quality and Outcomes Framework (QOF) year 2016-17, the practice had demonstrated improvements in patient outcomes.
- Data from Public Health England indicated mixed success in patients attending national cancer screening programmes. The practice had endeavoured to increase uptake but figures for attendance at national screening programmes for bowel cancer still required improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Following our previous inspection in August 2016 the practice had made significant improvements in areas relating to patient satisfaction and the availability of patient literature in other languages.

- In January 2017, the practice had commenced collected patients feedback specifically regarding GP consultations using similar questions to the national GP patient survey and General Medical Council GP appraisal tool. The survey was still live at the time of the April 2017 inspection and the practice was due to analyse the collected results in May 2017. We saw over 200 surveys had already been collected; from a random selection of 25 completed surveys feedback was highly positive.
- Written and verbal feedback from patients told us staff were helpful, finding time to assist and support them. They were consistently treated with kindness, dignity and respect.
- We spoke with a local care home for older people which Cressex Health Centre provides GP services for. They spoke positively about the care provided to the residents specifically the recent improvements and the nominated GP who completed two visits to the home each week.

Good



# Summary of findings

- Information leaflets were now available in languages consistent with the variety of cultures in High Wycombe. Staff arranged appropriate translation services for patients who did not speak English as a first language or who had hearing impairments.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Following our previous inspection in August 2016 the practice had made significant improvements in areas relating to patient satisfaction regarding access. Specifically, patients were not satisfied with the appointments system, telephone access or the practice opening hours.

- Patients reported improved access to the clinical team. The practice recruited additional members of staff, provided additional services, opened up the availability of appointments to patients, enabling them to book five weeks in advance with the GPs. They could also speak to the GPs on the telephone.
- To improve telephone access, the practice had upgraded the existing telephone system. This included additional incoming telephone lines and a review of the role of the reception team. This review led to the creation of a new role within the practice which reduced the additional correspondence assigned to the reception team. We spoke with members of the reception team and they said this review resulted in more availability to answer the telephones and support patients booking appointments.
- To further improve access, two members of staff had been assigned a project to improve online access and increase the number of online users. In January 2017, 193 patients had registered to use online services through the practice website. In April 2017, this had increased to 345 and was approximately 5% of the patient population.
- Furthermore following a consultation with practice staff and the requirements of patients, the practice now offered early morning appointments between 7am and 8am each weekday.
- The practice had a complaints policy and procedure that was consistent with guidance and best practice. We found complaints were responded to and investigated in a timely and appropriate manner.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for providing well-led services.

Following our previous inspection in August 2016 the practice had made significant improvements in areas relating to the management of risks within the practice, the development of staff and patient satisfaction regarding the quality of care and how patients access services.

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. For example, in August 2016 the practice was issued with a Care Quality Commission report which highlighted five regulatory breaches. In April 2017, we found actions had been completed and the only remaining concern regarding the branch practice was now proactively managed and assessed.
- The practice had demonstrated improvements in patient's outcomes.
- The practice team shared a vision to providing high standards of care.
- Staff we spoke with described that their morale had improved, job satisfaction had increased and despite services provided from two sites there was now a sense of 'one team'.
- There was a defined leadership structure, staff understood their roles and responsibilities and how these contributed directly to improving patient experiences of the service and the practices performance.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a focus on continuous learning and improvement at all levels.

Good



# 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 patients in its population. Older people at risk of isolation within the community were identified and discussed at meetings including multi-disciplinary meetings to address any additional support required.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a register to effectively support patients requiring end of life care.
- The practice provided GP services to a local care home; a designated GP provided services which included twice weekly ward round. Feedback from the care home praised the service and said the service they received was professional and empathic and they were very happy with the GP service they receive.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages.
- The premises were accessible to those with limited mobility. However, we noted access at the branch practice (Lynton House) required improvement.

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 the practice with a long-standing health condition was higher when compared to local and national averages. Specifically, there was a significantly higher prevalence of registered patients with diabetes. This had led to focused diabetes clinical audits, additional diabetes training and ongoing discussions with national diabetes groups with a view of future project work.

Good



# Summary of findings

- Performance for diabetes related indicators showed the practice had achieved 90% of targets which was similar when compared to the CCG average (90%) and lower when compared to the national average (95%).
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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 patients who had a high number of A&E attendances
- The emergency care practitioner and one of the nurses had completed additional paediatric training to increase the number of appointments for children.
- Immunisation rates were high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%. This was an increase of 4% on the previous year's uptake and was comparable with the CCG average of 84% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



## 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.

Good



# Summary of findings

- Services were flexible, provided choice and ensured continuity of care for example, telephone consultations was available for patients that chose to use this service.
- There was a range of appointments which now included telephone consultations and early morning appointments every weekday. These appointments were specifically for patients not able to attend outside normal working hours but there were no restrictions to other patients accessing these appointments.
- On-line booking for appointments was available for patients' convenience and the number of registered users was increasing. The practice website was well designed, clear and simple to use featuring regularly updated information.

## 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, those with learning disabilities and those with caring commitments.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for three patients out of 57 patients on the learning disability register. Care plans had been completed for six of those 57 patients on the learning disability register. The practice had implemented an action plan to improve the care of patients with learning disabilities which included appointing a learning disability GP Lead, sharing local and national learning disability guidance including case studies in the health inequalities commonly experienced by people with learning disabilities and learning disability awareness training for all practice staff.
- The practice offered longer appointments for patients whose circumstances may make them vulnerable.
- In April 2017, the practice patient population list was 8,160. The practice had identified 97 patients, who were also a carer; this amounted to 1.2% of the practice list.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



# Summary of findings

- 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).

- The practice offered flexible longer appointments for patients with complex mental health needs.
- Nationally reported data showed that outcomes for patients experiencing poor mental health and patients diagnosed with dementia were higher when compared with local and national averages.
- 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. Several members of staff had additional training in recognising and supporting people with dementia.

**Good**



# 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, patient's satisfaction for aspects relating to accessing care and the quality of care provided by the practice was lower than CCG and national averages. On behalf of NHS England, Ipsos MORI distributed 366 survey forms and 105 forms were returned. This was a 29% response rate and amounted to approximately 1.3% of the patient population.

- 51% of patients found it easy to get through to this practice by telephone (CCG average 73%, national average 73%).
- 75% 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%).
- 67% of patients described the overall experience of this GP practice as good (CCG average 86%, national average 85%).
- 52% 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%).

The recent national GP patient survey results had not been published since our previous visit in August 2016. However, during the inspection, we saw the practice had reviewed previous results and implemented changes to the appointment system including telephone system. For example, the practice had increased reception staff and telephone lines into the practice.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 37 comment cards, all were positive about the standard of care

received. Furthermore, patients commented on receipt of excellent service from the GPs, nurses and the reception team. The overwhelming theme on the comment cards highlighted the practice was improving and recent changes had improved the patient experience including positive changes in how patients access care and treatment.

We spoke with 12 patients during the inspection and three members of the patient participation group. Verbal feedback aligned to the high level of satisfaction which was highlighted in the written feedback we received. Similar to the written feedback, the patients who we spoke with praised the recent improvements made in the practice including the provision of early morning appointments. Although improving, patients commented phone access could be further improved.

We also spoke with a local care home for older people which Cressex Health Centre provides GP services for. They told us the practice was very responsive to patients needs including complex medicine needs and treated them with dignity and respect.

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.

The most recent NHS Friends and Family Test results continue with the theme that the practice was improving. For example:

- Cressex Health Centre achieved a 46% satisfaction rate in the NHS Friends and Family Test in April 2017, 14% in March 2017, 9% in February 2017 and 0% in January 2017.

# Cressex Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included two GP specialist advisers 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 Cressex Health Centre

Cressex Health Centre is situated in High Wycombe, Buckinghamshire within a purpose built premises at the main practice and converted premises at the branch practice (known in the report as Lynton House) with car parking for patients and staff. All patient services are offered on the ground floor at both locations.

Services are provided via an Alternative Provider Medical Services (APMS) contract. (APMS contracts are provided under Directions of the Secretary of State for Health. APMS contracts can be used to commission primary medical services from traditional GP practices). The APMS contract was awarded to Chiltern Vale Health (2012) LLP (current provider also known as CV Health) in July 2015.

There are four GPs (two male and two female) at the practice, consisting of three salaried GPs and a lead GP on a fixed term contract. The practice employs a clinical pharmacist, two practice nurses, an emergency care practitioner and two health care assistants. The practice manager is supported by a reception manager, an IT manager, a team of administrative and reception staff.

The practice has core opening hours from 7am to 6.30pm Monday to Friday. The practice offers a range of scheduled appointments to patients every weekday from 7am to 5.50pm including open access appointments with a duty GP throughout the day.

The practice has a patient population of approximately 8,160 registered patients. The practice population of patients aged between 0 to 9 and 20 to 44 years old is significantly higher than the national average and there are a lower number of patients aged above 45 years old compared to the national average.

The practice has a highly transient and unique mix within the 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 has an impact on screening and recall programmes. Patients registered at the practice are from a number of different ethnic backgrounds, approximately 67% of patients have an Asian or Black background and there are a growing number of Eastern European patients. This ethnic mix is consistent with the variety of cultures in High Wycombe. A large proportion of practice patients speak English as a second language. The practice and surrounding area is located in a part of High Wycombe with the low levels of income deprivation in the area.

Services are provided from two locations:

- Cressex Health Centre (the main practice), Hanover House, Coronation Road, Cressex Business Park, High Wycombe, Buckinghamshire, HP12 3PP.
- Lynton House (the branch practice), 43 London Road, High Wycombe, Buckinghamshire, HP11 1BP.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service

# Detailed findings

accessed via the NHS 111 telephone 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. This inspection took place on 26 April 2017 and 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, review the breaches identified during previous inspection and update the ratings provided under the Care Act 2014.

The practice was previously inspected on 18 August 2016 and was rated as inadequate in safe and requires improvement in effective, caring, responsive and well led. The overall rating for the practice was requires improvement. These judgements identified five breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

## 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), NHS England and Public Health England.

We carried out an announced visit to Cressex Health Centre on 26 April 2017. During our visit we:

- Reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulations.
- Visited both the main practice (Cressex Health Centre) and the branch practice (Lynton House).
- Spoke with a range of staff. These included a Clinical Director, GPs, nurses, emergency care practitioner, the practice manager, reception manager, clinical assistant and several members of the administration and reception team. We also observed how patients were being cared for in the reception area and spoke with 12 patients who used the service.
- Spoke with the local care home which the practice provides primary care GP services for.
- Reviewed 37 CQC 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 and information the practice used to deliver care and treatment plans.
- 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

At our previous inspection on 18 August 2016, we rated the practice as inadequate for providing safe services as the systems and processes to address environmental risks at the branch practice were not always implemented to ensure patients were kept safe. For example, monitoring and recording fridge temperatures, medicines checks, infection control procedures, fire safety, and the management of legionella were not always managed appropriately.

We also found concerns relating to safeguarding, chaperoning and the management of blank prescription stationary.

These arrangements had improved when we undertook a comprehensive inspection on 26 April 2017. The practice is now rated as requires improvement for providing safe services.

### Safe track record and learning

There was a system 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).
- From the sample of 19 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw the practice carried out a thorough analysis of the significant events and discussed their findings and learning at their monthly clinical meetings.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For

example, we reviewed a significant event analysis following a prescribing incident regarding a high risk medicine. Actions following this incident included detailed audits of patients on high risk medicines and the appointment of a medicine management lead and clinical pharmacist to oversee high risk medicines including those which require regular monitoring.

- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined, improved and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 safeguarding team within the practice which was led by a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. Previous concerns regarding safeguarding training had been addressed and all staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs and the clinical pharmacist were trained to child protection or child safeguarding level three whilst the emergency care practitioner, nursing team and practice manager were trained to level two.
- Notices in the waiting area and treatment rooms advised patients that chaperones were available if required. The practice had amended chaperone arrangements and only clinical staff acted as chaperones. We saw these members of staff were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

## Are services safe?

- We observed both premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Written cleaning checklists were maintained and regular spot checks carried out and recorded.
- One of the practice nurses had been appointed as the infection prevention and control (IPC) clinical lead. This was a recent appointment and included close mentorship with the previous IPC lead and liaison with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and revised training arrangements; all staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We saw revised arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The appointment of a medicine management lead ensured fridge temperature checks were carried out daily at both locations. There was a revised policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure.
- The practice had reviewed the national policy on safe medicines management and revised a practice specific prescription security policy and subsequent procedures. This included appointing a named member of staff responsible for maintaining and monitoring the policy and appointing a clinical assistant to be responsible for receiving and noting the serial numbers and ensuing distribution and secure storage of prescriptions. The appointed clinical assistant had responsibility to order

and log the receipt and serial numbers of all prescriptions. We saw these were kept securely and 'signed out' to the requesting clinicians recording the first and last serial numbers of the batch dispensed.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were improved procedures for assessing, monitoring and managing risks to patient and staff safety. However, environmental risks still remained at the branch practice (Lynton House).

- We saw site specific health and safety policies and risk assessments.
- The practice had identified high health and safety risks in some areas at the branch practice premises. The practice applied to NHS England in April 2016 to close the branch practice as the premises did not meet the quality standards required for modern general practice. Prior to submitting their application, the practice carried out a consultation with patients and local stakeholders on their proposal. At the time of both the August 2016 and April 2017 inspections, a refurbishment plan to improve Lynton House and address the issues raised about quality standards was in place. Until the refurbishments had been completed, we saw the practice had completed remedial actions to reduce the likelihood and impact of potential risks. However, environmental risks although now comprehensively managed remained and would do until the completed refurbishment.
- The practice now had up to date fire risk assessments for both the main practice and branch practice.

## Are services safe?

Corrective actions had been completed following these assessments. There were designated fire marshals, regular fire drills and fire evacuation plans for both premises.

- Given concerns at the branch practice we saw the practice had a variety of other comprehensive risk assessments to regularly monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Previous concerns regarding the skill mix of non-clinicians had been addressed with the appointment of additional staff. Staff we spoke with said the practice was now safer following a review of staff levels and subsequent recruitment.

### **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.
- Both practices 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 main practice and branch practice. Notices highlighted where emergency medicines and equipment was stored and all staff knew of their location. All the medicines we checked were in date, stored securely with written records monitoring the usage.
- The practice had a comprehensive business continuity plans for major incidents such as power failure or building damage specific to both practices where services were provided from. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements to ensure staff had the skills, knowledge and experience to deliver effective care and treatment were not always managed appropriately. For example, some staff had not received appraisals or undertaken role specific training including safeguarding children and adults, fire safety, basic life support, health and safety, infection control, mental capacity or equality and diversity.

We also found concerns relating to the practice's uptake of the national screening programme for cervical, bowel and breast cancer screening which were all below national average.

These arrangements had improved when we undertook a comprehensive inspection on 26 April 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 (2015/16) were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

The most recent published exception reporting was similar when compared to the CCG and national averages, the practice had 10% exception reporting, the CCG average exception reporting was 8% and the national average was 10%. (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).

Through conversations with staff, feedback from patients and QOF data it was evident all staff actively engaged with patients to monitor and improve the quality and patient outcomes, ensuring patients received appropriate care and treatment. For example, the practice had action plans to improve QOF performance and patient outcomes. Unconfirmed QOF data for 2016/17 showed the practice had been successful in improving two clinical indicators identified as requires improvement during the previous inspection. For example, patient outcomes for asthma related indicators and rheumatoid arthritis (inflammation and pain in the joints) related indicators had improved and were now in line with local and national averages.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators showed the practice had achieved 90% of targets which was similar when compared to the CCG average (95%) and the national average (90%).
- Performance for mental health related indicators showed the practice had achieved 99% of targets which was similar when compared to the CCG average (96%) and the national average (93%).

There was evidence of quality improvement including clinical audit:

- There had been seven clinical audits commenced in the last year, five of these were completed audits where the improvements made were implemented and monitored.
- We saw several audits had been completed following a significant event. Audits had also commenced as part of the practices plan to improve patient outcomes. For example, we reviewed a current audit with an aim to identify patients with prediabetes. Prediabetes is a

# Are services effective?

## (for example, treatment is effective)

metabolic condition and growing global problem that is closely tied to obesity. If undiagnosed or untreated, prediabetes can develop into type 2 diabetes; which whilst treatable is currently not fully reversible.

- The first cycle of audit had identified an additional 465 patients with prediabetes. We saw immediate, early and decisive action had been completed including repeated blood tests and dissemination of healthy lifestyle changes to all newly identified pre-diabetic patients to slow down or even halt the onset of 'type 2' diabetes.

### Effective staffing

Previous concerns regarding training had been addressed and we saw evidence that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction and probation programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw the induction pack included an induction to the practice and to the provider (CV Health).
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the emergency care practitioner had completed additional paediatric training. This was relevant due to the significantly higher number of practice patients aged below 12. We also saw additional training for those reviewing patients with long-term conditions, for example a nurse had completed additional diabetes training. This was relevant due to the high prevalence of diabetes within the practice population.
- The learning needs of staff were now identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All practice staff had received an appraisal within the last 12 months.
- Practice staff now received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.
- We saw the practice now 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. In 2016, seven patients were on a palliative care list with no end of life care plans in place. A GP and the IT Manager redesigned a document in accordance to the National Framework of Palliative and End of Life Care. As a result the provision of end of life support had improved. In April 2017, 42 patients were on a palliative care list and 38 end of life care plans in place.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GPs, pharmacists, emergency care practitioner or practice nurses 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 had a focus on health promotion and identified patients who may be in need of extra support and signposted them to relevant services. 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 and alcohol cessation.
- Smoking cessation advice was now available from a health care assistant within the practice.
- With support from a local walking group, the practice had developed a local walking group known as 'Simply Walk!'. Each week a walking group departed from the practice with a focus on encouraging and actively supporting patients to adopt exercise to become more physically active and reduced social isolation. This group was promoted through the practice website and information in the waiting areas. The feedback from this project was positive and encouraged patients to go on to continue to walk and become physically fitter.
- The practice was proactive in raising awareness to support patients to live healthier lives. For example, the practice ensured that information about preventing and managing diabetes was available to patients in minority ethnic communities.

The practice's uptake for the cervical screening programme was 82%. This was an increase of 4% on the previous year's uptake and was comparable with the CCG average of 84% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by providing information in the variety of different languages spoken with the community and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were higher when compared to the national averages for 2016/2017. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had exceeded the targets in all four areas.

We saw the practice actively encouraged patients to attend national screening programmes for bowel and breast cancer. There was a variety of patient literature displayed at both practices which highlighted the importance of completing national cancer screening programmes. The practice presented evidence of a significantly younger patient population when compared to local and national averages, cultural challenges and a transient patient population; which impacted the practices uptake on screening programmes, for example, we saw evidence of patients being outside of the country for long periods of time.

Data from Public Health England indicates areas of improvement on previously reported data, however this remained lower when compared to local CCG averages, for example:

- 36% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this had reduced by 2% on the previous year's data and was lower when compared to the CCG average (59%) and the national average (58%).
- 71% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this had increased by 5% on the previous year's data and was lower when compared to the CCG average (76%) and similar when compared to the national average (73%).

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. To increase the number of completed health checks, both the health care assistants had completed additional health check training. 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

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing caring services as patient satisfaction collected via the national GP patient survey and during the inspection showed that patient outcomes were below average when compared to others in the locality for many aspects of care.

We also found concerns relating to the lack of patient literature available in other languages, despite a large proportion of practice patients who spoke English as a second language.

These arrangements had significantly improved when we undertook a comprehensive inspection on 26 April 2017. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

All of the 37 patient Care Quality Commission comment cards we received were positive about the standard of care received. Patients commented on receipt of excellent service from the GPs, nurses and the reception team. Patients expressed gratitude towards staff and several cards made reference to the branch practice and stated how fortunate they felt to have such an excellent service locally.

We spoke with 12 patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice. Patients also commented the appointment of staff had vastly improved continuity of care.

The most recent NHS Friends and Family Test results continue with the theme that the practice was improving. For example:

- Cressex Health Centre achieved a 46% satisfaction rate in the NHS Friends and Family Test in April 2017, 14% in March 2017, 9% in February 2017 and 0% in January 2017.

The practice had reviewed the results from the national GP patient survey published in July 2016. This was an annual survey and the results had not been updated since the previous inspection. This meant that the survey results did not reflect the outcome of all recent positive steps the practice had taken to improve the patient's experience

Now staffing issues had been addressed and stabilised we saw the practice was able to focus on improving in these areas. In January 2017, the practice had commenced collected patients feedback specifically regarding GP consultations using similar questions to the national GP patient survey and General Medical Council GP appraisal tool. The survey was still live at the time of the April 2017 inspection and the practice was due to analyse the collected results in May 2017. We saw over 200 surveys had already been collected; from a random selection of 25 completed surveys feedback was highly positive.

We also spoke with a local care home for older patients which Cressex Health Centre offered GP services for. They spoke positively about the care provided to the residents specifically the recent improvements and the nominated GP who completed two visits to the home each week.

### Care planning and involvement in decisions about care and treatment

Written and verbal feedback collected told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the

## Are services caring?

choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Whilst we found GPs and nurses committed to involving patients in their care and giving time to explore treatment options. This commitment had not been reflected in patient opinion collected via the national GP patient survey. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average (87%) and the national average (86%).
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average (83%) national average (82%).
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average (90%) and the national average (90%).
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average (85%) and the national average (85%).

In an attempt to improve patient satisfaction, we saw members of the clinical team had completed higher level training for chronic disease management. Once this training was completed they would be better placed to involve patients in complex decisions. However, it was too early to assess the improvement impact at this inspection.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in various different languages informing patients this service was available.
- Information leaflets were available in easy read format.
- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### **Patient and carer support to cope emotionally with care and treatment**

We saw the provision of patient information leaflets and notices had been reviewed. Patient literature was available in the patient waiting area which told patients how to access a number of support groups and organisations. Leaflets were now available in languages consistent with the variety of cultures in High Wycombe. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 97 patients, who were also a carer; this amounted to 1.2% of the practice list. Written information was available to direct carers to the various avenues of local and national support available to them.

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

Patient feedback received during the inspection highlighted the compassion of practice staff when supporting patients at vulnerable stages within their lives.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing responsive services as patient satisfaction collected via the national GP patient survey and during the inspection showed that patient satisfaction was below average when compared to others in the locality for many aspects of access. Specifically, patients were not satisfied with the appointments system, telephone access or the practice opening hours.

These arrangements had improved when we undertook a comprehensive inspection on 26 April 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice had reviewed its population profile and had used this understanding to meet the needs of its population:

- The practice now offered extended hours every weekday morning between 7am and 8am for working patients who could not attend during normal opening hours.
- 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.
- The practice also provided GP services to a local care home (approximately 75 patients) with a lead GP designated to the home. The designated GP held regular twice weekly sessions to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medicine reviews.
- Both practices were accessible for patients 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. Although there was not an automatic door entrance at the branch practice, there was step free and ramp access to help

those with mobility difficulties. Portable hearing loops were now available at both practices and the main practice had a lowered reception desk to support patients who used a wheelchair.

- People's individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care. For example, telephone consultations were available for patients that chose to use these services. Furthermore, GPs had completed training and could now provide joint injections for patients with painful joints, for example from injury or arthritis.
- Patients who wished to check their own blood pressure were encouraged to do so, there was a private area of the practice which contained equipment to allow patients to manage and record their blood pressure.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The practice sent text message reminders of appointments and test results.

### Access to the service

The main practice was open between 7am and 6.30pm Monday to Friday (appointments between 7am and 5.50pm). The branch practice was open between 8am and 6pm on Monday and Friday, between 8am and 1pm on Tuesday and Thursday and was closed every Wednesday.

In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments and telephone consultations were also available for patients that needed them.

We reviewed data from the national GP patient survey, which was published in July 2016. These results had not been updated since the previous inspection as this survey was now an annual survey. Given the significant amount of changes within the practice the published data which indicated concerns regarding access; was not a whole representation of the current performance.

# Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average (73%) and the national average (76%).
- 51% of patients said they could get through easily to the practice by telephone compared to the CCG average (73%) and the national average (73%).
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average (88%) and the national average (85%).
- 84% of patients said their last appointment was convenient compared to the CCG average (92%) and the national average (92%).
- 59% of patients described their experience of making an appointment as good compared to the CCG average (75%) and the national average (73%).

The practice was aware of poor national survey results and they had taken steps to address the issues. For example:

- The practice had analysed complaints about access and the appointment system and worked with patients and the patient participation group to review and implement a new appointment system. This led to the introduction of telephone consultations with GPs and 'sit and wait' clinics every weekday.
- Following a patient and staff consultation, the practice now offered extended hours every weekday morning between 7am and 8am.
- A comprehensive 'demand and capacity' audit had been completed which highlighted delays when accessing certain services. As a result the practice had recruited additional GPs, an additional pharmacist, an additional nurse, an additional health care assistant and additional receptionist with a view to improve access to services.
- A pharmacist joined Cressex Health Centre which enabled practice patients to receive comprehensive medicines advice. The pharmacist supported the practice to complete medicine management reviews, therefore increasing the availability of GPs to see patients.

- Clinicians had completed additional training with a view to increase the variety of services offered by the practice. For example, a practice nurse had completed training in minor illness, therefore increasing the availability of appointments for patients presenting with minor illness.
- The practice had upgraded the existing telephone system. This included additional incoming telephone lines and a review of the role of the reception team. This review led to the creation of a new role within the practice which reduced the additional correspondence assigned to the reception team. We spoke with members of the reception team and they said this review resulted in more availability to answer the telephones and support patients booking appointments.
- To further improve access, two members of staff had been assigned a project to improve online access and increase the number of online users. In January 2017, 193 patients had registered to use online services through the practice website. In April 2017, this had increased to 345 and was approximately 5% of the patient population.

With significant changes to how patients accessed services at the practice, we saw the management team regularly reviewed daily activity within the practice. This included an audit, completed by the Lead GP into the appropriateness of the appointments. We saw this audit highlighted the vast majority of appointments into the service were clinically appropriate.

Written feedback on Care Quality Commission comment cards and verbal feedback regarding access to appointments praised the recent improvements made in the practice including the provision of early morning appointments and additional services such as joint injections. Although improving, patients commented phone access could be further improved.

We reviewed the practice appointment system and found that there were urgent appointments still available on the day of inspection and that routine appointments were available five days in advance.

The practice had a system to assess:

- Whether a home visit was clinically necessary
- The urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available within the practice and on the practice website to help patients understand the complaints system.

We looked at a sample of five of the 40 complaints received in the last 12 months and found all the complaints were

satisfactorily handled and dealt with in a timely way. When an apology was required this had been issued to the complainant and the practice had been open in offering complainants the opportunity to meet with the practice manager and/or the lead GP.

We saw lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice identified an emerging pattern of complaints regarding access. As a result of these complaints, the practice reviewed and subsequently revised the entire appointment system. Furthermore, the practice provided timely additional customer service training including modules on managing difficult situations to all reception staff ensuring these changes to the appointment system would be clearly explained. During our review of the complaints, we saw the number of complaints, both verbal and written complaints about access had reduced since the changes had been made.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing well-led services. We found monitoring of specific areas required improvement, for example, the management of environmental risks and health and safety issues at the branch practice were putting patient's safety at risk. Furthermore, we found the appointment system, uptake of the national screening programme and management of prescription stationary required improvement.

During the August 2016 inspection we saw the practice had implemented changes and shown improvements in number of areas and the practice was concentrating on further improving the service.

These arrangements had significantly improved when we undertook a comprehensive inspection on 26 April 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

The practice had a mission statement and vision that had been agreed with staff.

- Feedback collected during the inspection including our discussions with staff and patients indicated the mission statement had been embedded within the culture of the practice.
- Practice staff independently told us of the work undertaken to improve the practice since the last inspection and that they wanted to ensure patients received safe and effective care from caring staff. Members of staff also told us, since the last inspection the practice was more focussed on the patients and serving the community of High Wycombe.
- Following the August 2016 inspection the practice had established a detailed action plan with regular reviews. Senior staff we spoke said this plan and subsequent reviews was an integral part of the practices strategy to improve. Furthermore, senior staff we spoke with had identified further areas for improvement and had plans in place to continue with the changes in order to offer improved services to patients.

### Governance arrangements

The practice had made significant improvements to their governance framework to support the delivery of the strategy and good quality care. Staff we spoke with told us following a review of roles within the practice, different members of staff had been aligned to different work streams with specific key areas to improve. Improvements had been made in the defining of responsibilities and demonstrating greater accountability. These improvements and supporting governance arrangements were regularly reviewed by the practice manager and clinical director, ensuring their sustainability.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the clinical performance and patient satisfaction of the practice was maintained and action plans implemented to address areas that required improvement. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included detailed ongoing risk assessments to manage the remaining environmental risks at the branch practice.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

Practice staff independently told us the directors, lead GP and practice manager were visible in the practice and that they were approachable and always took time to listen to all members of staff.

The provider was aware of and had systems 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

# Are services well-led?

Good 

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

notifiable safety incidents. The practice encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was now a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- We saw the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. Staff spoke highly of the new arrangements and appointments within the practice.
- Staff said they felt respected, valued and supported, particularly by the practice manager. They informed us that since the last inspection, all staff had been involved in discussions about how to run and develop the practice. Furthermore, staff told us they were encouraged to identify opportunities to improve the service delivered by the practice. Staff told us that although the past few months had been a time of change they felt vast improvements had been made.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice appointment system had been reviewed collaboratively

with patients. The PPG had organised in partnership with the practice to collect feedback about closing the branch practice and find out the demand of the extended hours appointments. The PPG members we spoke with demonstrated enthusiasm to support the practice to deliver a high quality service and were involved in providing a patients voice to the improvement action plan.

- During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. Through additional promotion and increased awareness of this test, the number of responses and overall patient satisfaction in the last few months had significantly increased.
- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions. As part of the review of existing arrangements, staff members who had changed role within the practice had a new role induction and supportive probation period.
- Staff we spoke with described that their morale had improved, job satisfaction had increased and despite services provided from two sites there was now a sense of 'one team'.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice, including a review of the development of staff.

- The practice team was forward thinking and part of local community schemes to improve outcomes for patients in the High Wycombe area. To improve community engagement Cressex Health Centre facilitated regular coffee mornings for patients and invited representatives from other local services, for example Prevention Matters (Prevention Matters is a free advice service linking adults in Buckinghamshire to social activities, volunteers and community services.)
- The practice had enlisted external help in order to address in a timely way, the issues identified at our inspection in August 2016. This had included support from the clinical commissioning group (CCG), NHS England and other local practices with similar challenges.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p><b>We found the registered person did not have suitable arrangements in place to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. For example:</b></p> <ul style="list-style-type: none"><li>• Although now monitored and reviewed the branch practice premises were not suitable for the purpose for which they are being used and properly maintained.</li></ul> <p><b>Regulation 15(1)(c)</b></p>