

# The Cedars Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

The Cedars Surgery has recently combined with two other local practices, Worle Medical Practice, which is now a branch surgery known as Worle Health Centre; and The Village Surgery (which had become a branch surgery but the site has now closed). This inspection report relates to the Cedars Surgery and Worle Health Centre sites which were both visited during this follow up inspection.

We carried out an announced comprehensive inspection at The Cedars Surgery on 8 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Cedars Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We also carried out a an announced comprehensive inspection at Worle Medical Practice on 7 January 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Worle Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused follow up inspection carried out on 18 July 2017 to confirm that the

practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspections in January 2016 and September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- A fire risk assessment had been completed, documented and actions identified had been addressed, including carrying out regular fire drills.
- A system had been implemented to ensure all Patient Group Directions are current, authorised and signed before vaccinations are provided to patients.
- Arrangements for infection prevention and control (IPC) had been reviewed, an IPC audit had been completed and identified actions had been addressed for both sites.
- Arrangements for the security of blank prescription stationery had been reviewed to ensure security when clinical rooms are unoccupied.
- Personnel files had been reviewed and updated to include records of all appropriate recruitment checks undertaken prior to employment.

# Summary of findings

- Arrangements had been reviewed to ensure all MHRA (Medicines and Healthcare products Regulatory Agency) safety alerts are recorded and addressed.
- Arrangements for temperature checks of vaccine storage had been reviewed to ensure recording is complete.
- We saw records confirming all staff had received up to date training in basic life support, safeguarding and fire safety.
- Arrangements for quality improvement such as clinical auditing were in place.
- Arrangements had been reviewed to ensure patient consent is recorded in medical records.
- Arrangements were in place to ensure that patient records are secure to prevent unauthorised access.
- Arrangements for business planning and strategic development had been reviewed and we saw evidence of improved structure, documentation and cohesion in the management of the practice.
- Support arrangement had been reviewed to ensure that Independent Prescribers receive mentorship and support from the medical staff for this extended role.
- The process for triage of requests from patients for a home visit had been reviewed to ensure there is no undue delay.
- Arrangements to identify and support military veterans had been reviewed and were in line with the military veteran's covenant.
- GP staffing levels had improved and we saw evidence that the nursing team and have access to clinical support and advice should a medical emergency arise during the practice opening hours.

**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?

At our inspection of The Cedars Surgery on 8 September 2016, we found:

The practice did not have fully effective systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated they understood their responsibilities. However, not all staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, ten staff, including two GPs and two of the nursing team, had no record of safeguarding training. All other GPs were trained to safeguarding children level three.

Although risks to patients were assessed, we found some gaps in risk assessment and the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, no fire risk assessments or regular fire drills had been carried out for either practice; and there was no audit of infection prevention and control for the Village Surgery.

We found gaps in the authorisation for vaccines before they were provided to patients; monitoring of vaccine fridge temperatures; in the monitoring and response to safety alerts; in the arrangements for clinical supervision of some staff; and in the security of blank prescription paper. We found in some personnel files that not all appropriate recruitment checks had been undertaken prior to employment.

At our inspection of Worle Medical Practice 7 January 2016, we found:

Arrangements to manage risks associated with GP staffing levels were not robust and left staff such as the health care assistant unsupported or unsupervised at times. The staffing levels also impacted on the continuity of patient care and treatment.

At this inspection on 18 July 2017 we found:

- Records were in place for all staff, including GPs and the nursing team, of training on safeguarding children and vulnerable adults relevant to their role.
- A fire risk assessment had been completed, documented and actions identified had been addressed, including carrying out regular fire drills.
- Arrangements for infection prevention and control (IPC) had been reviewed, an IPC audit had been completed and identified actions had been addressed for both sites.

Good



# Summary of findings

- A system had been implemented to ensure all Patient Group Directions (PGDs) are current, authorised and signed before vaccinations are provided to patients.
- Arrangements for temperature checks of vaccine storage had been reviewed and we saw evidence that recording is complete.
- Arrangements had been reviewed to ensure all MHRA (Medicines and Healthcare products Regulatory Agency) safety alerts are recorded and addressed.
- Arrangements for the security of blank prescription stationery had been reviewed to ensure security when clinical rooms are unoccupied.
- Personnel files had been reviewed and updated to include records of all appropriate recruitment checks undertaken prior to employment.
- GP staffing levels had improved and we saw evidence that the nursing team and have access to clinical support and advice should a medical emergency arise during the practice opening hours.

## Are services effective?

At our inspection of The Cedars Surgery on 8 September 2016, we found:

Staff assessed needs and delivered care in line with current evidence based guidance. However, we found gaps in the recording of patient consent for some treatments.

Some clinical audits had been carried out, however, there was no evidence that audit was driving improvement in patient outcomes.

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we found that not all staff had received up to date training in relevant topics, such as basic life support, safeguarding and fire safety.

At this inspection on 18 July 2017 we found:

- Arrangements had been reviewed to ensure patient consent is recorded in medical records.
- Arrangements for quality improvement, such as clinical auditing, were in place; and we saw examples that had resulted in improvements in patient care.
- We saw records confirming all staff had received up to date training in basic life support, safeguarding and fire safety.

Good



# Summary of findings

## Are services well-led?

Good



At our inspection The Cedars Surgery on 8 September 2016, we found:

There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. However, these were not minuted and there was no overall business or development plan documented.

A governance arrangement supported the delivery of the strategy and good quality care. This included arrangements to monitor and identify risk. However, we found gaps in the assessment and monitoring of risk, including in the security of patient records and blank prescription paper; arrangements for monitoring vaccine storage temperatures; for monitoring safety alerts; and for infection prevention and control.

There was no evidence that demonstrated quality improvement; there was no formal process to review and prioritise requests from patients for a home visit; and the practice did not have arrangements to identify or support military veterans.

Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However, not all staff had received up to date training in basic life support, safeguarding and fire safety. There were no formal arrangements to mentor or support independent prescribers.

At this inspection on 18 July 2017 we found:

- Arrangements for business planning and strategic development had been reviewed and we saw evidence of improved structure, documentation and cohesion in the management of the practice, including a documented business plan.
- Arrangements were in place to ensure that patient records and stocks of blank prescription stationery are secure to prevent unauthorised access.
- Arrangements for temperature checks of vaccine storage; recorded and addressing safety alerts; and infection prevention and control had been reviewed and we saw evidence of effective implementation.
- Arrangements for quality improvement, such as clinical auditing were in place; and we saw that arrangements for home visit requests and support for military veterans had been reviewed and were effective.
- We saw records confirming all staff had received up to date training in basic life support, safeguarding and fire safety; and evidence that arrangements to support Independent Prescribers were in place.

# 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 provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 8 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 8 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 8 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 8 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 8 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 8 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# The Cedars Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector, supported by a second CQC Inspector and an Assistant Inspector.

## Background to The Cedars Surgery

The Cedars Surgery is located in Worle, close to Weston-super-Mare. The practice serves a local population of approximately 15,000 patients from the town and the surrounding area. The practice has recently combined with two other local practices, Worle Medical Practice, which is now a branch surgery known as Worle Health Centre; and The Village Surgery (which had become a branch surgery but the site has now closed). This inspection report relates to the Cedars Surgery and Worle Health Centre sites which were both visited during this follow up inspection. The report relates to the Regulated Activities carried out at:

The Cedars Surgery

87 New Bristol Road

Worle

Weston-super-Mare

BS22 6AJ

and

Worle Health Centre

125 High Street

Worle

Weston-super-Mare

BS22 6HB

There is some on-site parking, including spaces for patients with a disability at the Cedars Surgery site plus adjacent on road parking. There is a public car park serving Worle Health Centre site which is free for two hours.

The principal GP is an individual provider and employs five salaried GPs plus locum GPs when required. Between them they provide typically 47 GP sessions each week and are equivalent to 5.9 whole time employees. Four GPs are female and two are male.

There are eight practice nurses employed by the practice whose working hours are equivalent to 4.8 whole time employees (WTE), including three independent prescribers who offer 22 sessions per week. Seven health care assistants are also employed with combined hours of 2.6 WTE. The GPs and nurses are supported by 21 management and administrative staff including a practice manager and deputy practice manager.

The practices patient population has slightly more patients between the ages of 5 and 14 years; between the ages of 45 and 49 years; and aged over 65 years than the national average.

Approximately 20% of the patients are over the age of 65 years compared to a national average of 17%. The patient population has fewer patients between the ages of 20 and 39 than the national average.

Approximately 60% of patients have a long standing health condition compared to a national average of 54% which can result in a higher demand for GP and nurse appointments. Patient satisfaction scores are in line with national averages with 89% of patients describing their overall experience at the practice as good compared to a national average of 85%.



# Detailed findings

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male life expectancy for the area is the same as the national and local average of 79 years and for females is 85 years respectively which is one year more than the Clinical Commissioning Group average and two years more than the national average.

The practice is open between 8am and 6.30pm Monday to Friday at both sites. Appointments are available from 8:30am and telephone access is available from 8am. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day along with telephone consultations.

Extended hours, pre-bookable appointments are offered each morning at the Cedars Surgery from 7.30am until 8am; and at the Worle Health Centre on Wednesday evenings from 6.30pm until 8pm. The practice also offers clinics on Saturday mornings once a month, usually at the Cedars Surgery. Once a month the practice is closed on a Wednesday or Thursday afternoon from 1pm until 3pm for staff training. GP appointments are 10 minutes each in length. Appointment sessions are typically 8.30am until 11.30am and 3pm until 6pm. Each consultation session has 18 appointment slots. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a teaching practice and there was one registrar GPs placed with them at the time of our follow up inspection. One of the GPs is a GP trainer; a second GP is training to become a GP trainer; and the practice also hosts placements for medical students.

The practice has opted out of providing out-of-hours services to their own patients, this is provided by Brisdoc and patients are directed to this service by the practice outside of normal practice hours. Information on how to access the out of hours service is also provided on the practice website.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Cedars Surgery on 8 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for The Cedars Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We also carried out a comprehensive inspection at Worle Medical Practice on 7 January 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Worle Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Worle Medical Practice is now a branch of The Cedars Surgery known as Worle Health Centre

We undertook a follow up focused inspection of The Cedars Surgery on 18 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff including the lead GP, practice management staff, members of the nursing team and administrative staff.

## Detailed findings

- Reviewed records of meetings including those relating to staff meetings, management meetings and clinical staff supervision.
- Visited both sites from which services are provided and reviewed arrangements for fire safety and the security of patient records.
- Looked at records and information including that relating to staff recruitment checks and training, infection prevention and control, safety alerts, storage of and authorisations for vaccinations, patient consent, quality improvement and business planning.

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 of The Cedars Surgery on 8 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safety alerts; staff recruitment records, clinical supervision and safeguarding training; fire safety; infection control; authorisation for vaccinations and storage of vaccines; and the security of blank prescription stationery were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 18 July 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our last in September 2016, we found:

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. However, we saw that some alerts from the MHRA (Medicines and Healthcare products Regulatory Agency) had not been recorded in the system used by the practice. We spoke with the practice who developed an improved process during our visit and carried out action to review and address the missed alerts.

At this inspection in July 2017 we found:

Arrangements had been reviewed and implemented to ensure all MHRA safety alerts are recorded and addressed. We saw an electronic log of all alerts was available to staff and recorded details including date received, source or type, hyper-link to original alert, number of patients affected, date forwarded to and received by GP and actions completed. For example, we saw an alert relating to patients prescribed a medicine for the treatment of osteoporosis where patients had been identified, records flagged and appropriate action had been taken and recorded. Arrangements were in place to ensure alerts were addressed when the practice manager was absent.

### Overview of safety systems and process

At our inspection of The Cedars Surgery in September 2016, we found:

Arrangements were in place to safeguard children and vulnerable adults from abuse. Staff demonstrated they

understood their responsibilities. However, ten staff, including two GPs and two of the nursing team, had no record of training on safeguarding children and vulnerable adults relevant to their role.

There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been carried out for the Cedars Surgery and we saw evidence that action was taken to address any improvements identified as a result. However, no audit had been carried out for the Village Surgery site.

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). However, we found that temperature checks of vaccine storage were not recorded on some days at the Village Surgery site.

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. We were told that they felt supported by the GPs, however, there was no formal arrangement for mentorship and support from the medical staff for this extended role.

Blank prescription paper and pads were securely stored when clinical rooms were not in use and there were systems in place to monitor their use. However, when clinical rooms were in use but the clinician was not present, blank prescriptions were not secure, being held in unlocked printers at both sites.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that three PGDs at the Village Surgery did not have an authorising signature from a GP and two were not signed by nurses.

We reviewed five personnel files and found not all appropriate recruitment checks had been undertaken prior to employment. These should include, for example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, we found three of the files did not include evidence of satisfactory conduct in previous health or social care employment or verification of reasons why previous employment with vulnerable children or adults had ended.

## Are services safe?

At this inspection in July 2017 we found:

Records were in place for all staff, including GPs and the nursing team, of training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to safeguarding children level three and nurses to level two.

Arrangements for infection prevention and control (IPC) had been reviewed, an IPC audit had been completed for all sites including the Village Surgery site (which is now closed). We saw that identified actions had been addressed for both the current sites.

Arrangements for temperature checks of vaccine storage had been reviewed and we saw evidence that recording is complete. For example, saw evidence that, within 48 hours of the inspection in September 2016, procedures had been amended and additional temperature data loggers had been ordered. We saw that the data loggers were in use and daily records of temperature control were in place at the two sites visited on this inspection.

Support arrangement had been reviewed to ensure that Independent Prescribers receive mentorship and support from the medical staff for this extended role. We saw examples of supervision records for all three Independent Prescribers; and minutes of clinical meetings where case studies were discussed and learning was shared.

Arrangements for the security of blank prescription stationery had been reviewed to ensure security when clinical rooms are unoccupied. We saw evidence that the practice had, within 48 hours of the inspection in September 2016, made arrangements to ensure the security of blank prescription stationery at all times. For example, during this inspection in July 2017 we saw that all printers in clinical rooms were now fitted with lockable drawers to prevent unauthorised access to blank prescriptions stationery.

A system had been implemented to ensure all Patient Group Directions (PGDs) are current, authorised and signed before vaccinations are provided to patients. We saw evidence that, within 48 hours of the inspection in September 2016, copies of the then current PGDs had been signed by the nurses and the authorising GP. This ensured that medicines were administered in line with current requirements for safe and appropriate care.

We looked at five personnel files and saw evidence that all had been reviewed and updated, in line with an updated Disclosure and Barring Service (DBS) policy for the practice, to include records of all appropriate recruitment checks undertaken prior to employment. For example, all files included a record of a DBS check.

### Monitoring risks to patients

At our inspection of Worle Medical Practice in January 2016, we found:

Risks to patients were assessed and managed, however, risks associated with GP staffing levels were not robust and left staff unsupported or unsupervised at times. Arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs required improvement. There was a rota system in place for all the different staffing groups; however, the rota did not always ensure enough permanent staff were on duty at all times throughout the week. Our interviews with GPs, nurses, the clinical pharmacist and health care assistant identified extended periods when the practices GP or locum GPs and nurses were unavailable to provide clinical or emergency situation support to the nursing team and specifically health care assistant.

At our inspection of the Cedars Surgery in September 2016, we found:

There were procedures in place for monitoring and managing risks to patient and staff safety. However, the practice did not have an up to date fire risk assessment for the Cedars Surgery or Village Surgery premises and had not carried out regular fire drills.

The practice had a variety of risk assessments in place to 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). However, there was no evidence of an infection prevention and control audit for the Village Surgery site.

At this inspection in July 2017 we found:

GP staffing levels had improved and we saw evidence that the nursing team and have access to clinical support and advice should a medical emergency arise during the practice opening hours. For example, the practice now employed five salaried GPs in addition to the lead GP who provided in total 41 sessions per week; and three

## Are services safe?

independent prescribers who provided an additional 22 sessions per week. We saw evidence that these clinicians were available to provide clinical advice and support to the nursing team, including healthcare assistants; and examples of minutes of nursing team meetings, attended by GPs where case studies had been discussed and learning was shared. Members of the nursing team had protected time available for learning and development.

A fire risk assessment had been completed, documented and actions identified had been addressed, including carrying out regular fire drills. We saw records of fire drills that had been carried out; and that all staff had received fire safety training.

Arrangements for infection prevention and control (IPC) had been reviewed, an IPC audit had been completed and identified actions had been addressed for all sites. For example, we saw evidence that, within 48 hours of the inspection in September 2016, an IPC audit had been completed for the Village Surgery; and that IPC audits had been completed for the Cedars Surgery and Worle Health

Centre sites twice each year. We saw a record showing the nurse with lead responsibility for IPC had completed refresher training; that cleaning schedules were in place; and evidence that IPC was discussed at the fortnightly meetings of the nursing team.

### **Arrangements to deal with emergencies and major incidents**

At our inspection in September 2016, we found:

There were emergency medicines available in the treatment room. However, twelve staff had not received annual training in basic life support and thirteen had not received fire safety training. We spoke to the practice who, within 48 hours of the inspection, provided evidence that training in these matters had been arranged.

At this inspection in July 2017 we found:

We saw records confirming all staff had received up to date training in basic life support and fire safety.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection of The Cedars Surgery on 8 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of recording patient consent; for quality improvement, such as clinical auditing; and staff training needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 18 July 2017. The practice is now rated as good for providing effective services.

### Management, monitoring and improving outcomes for people

At our inspection in September 2016, we found:

There was no evidence of quality improvement resulting from clinical audit. There had been three clinical audits completed in the last two years. However, there was no evidence that potential improvements had been identified, discussed, implemented or monitored. Two of the audits only covered a single cycle and no re-audit date had been set. The third audit was a two cycle audit but demonstrated a deterioration in performance and no re-audit date had been set.

At this inspection in July 2017 we found:

Arrangements for quality improvement, such as clinical auditing, were in place; and we saw evidence of improvements in patient care from two audits where a second audit cycle had been completed. For example, we saw an audit of patients with acute coughs carried out in October/November 2016 that had been repeated in February/march 2017. The results showed improvements in antibiotic prescribing and compliance with relevant published clinical guidance. The practice had collated all information on clinical audits in a database available to relevant staff and we saw that a number of other audits were underway. The database was monitored to ensure audit cycles were completed and we saw plans in place for further audits.

### Effective staffing

At our inspection in September 2016, we found:

All staff had received an appraisal within the last 12 months and had access to and made use of e-learning training modules and in-house training. However, we found that not all staff had received training in safeguarding, fire safety awareness and basic life support. For example, twelve staff had no record of current basic life support training and thirteen staff had no record of fire safety training. We spoke to the practice who, within 48 hours of the inspection, provided evidence that training sessions were booked to ensure all staff were trained. We were also told that Independent Prescriber felt supported by the GPs, however, there was no formal arrangement for mentorship and support from the medical staff for this extended role.

At this inspection in July 2017 we found:

We saw records confirming all staff had received up to date training in basic life support, safeguarding and fire safety. We saw examples of supervision records for all three Independent Prescribers; and minutes of clinical meetings where case studies were discussed and learning was shared.

### Consent to care and treatment

At our inspection in September 2016, we found:

Staff sought verbal patients' consent to care and treatment in line with legislation and guidance. However, signed consent was not obtained from patients having contraceptive devices fitted or receiving joint injections. We spoke to the practice about this and were told that consent forms were brought into use the next day and patient consent to their treatment and the associated risks with these procedures were now being recorded on patient records.

At this inspection on 18 July 2017 we found:

Arrangements had been reviewed to ensure patient consent is recorded in medical records. For example, we saw that electronic template forms were in place to record consent for general treatments and a specific form for contraceptive implants. We saw examples of completed consent forms recorded in patients records and these included advice regarding any associated risks.



# 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 of The Cedars Surgery on 8 September 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of the governance structure; implementation of arrangements for the security of patient records and stocks of blank prescription stationery; vaccine storage; safety alerts; infection control; quality improvement; home visits; support for military veterans; staff training and clinical supervision needed improving.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 18 July 2017. The practice is now rated as good for being well-led.

### Vision and strategy

At our inspection in September 2016, we found:

The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. However, the practice did not have a documented business plan which reflected the vision and values and which could be regularly monitored.

At this inspection in July 2017 we found:

Arrangements for business planning and strategic development had been reviewed and we saw evidence of improved structure, documentation and cohesion in the management of the practice, including a documented business plan. For example, we saw minutes of management meetings attended by the lead GP and practice managers; and that these individuals also supported meetings held by nursing team, clinical team, reception team and all practice staff.

### Governance arrangements

At our inspection in September 2016, we found:

The practice had a governance framework which supported the delivery of good quality care. However, we found gaps in the assessment and monitoring of risk; and governance arrangements did not ensure all policies and procedures had been implemented effectively. These included:

- gaps in the system for staff supervision and training.
- no fire risk assessment had been carried out for each site.

- five Patient Group Directions (PGDs) were not authorised and signed before vaccinations were provided to patients.
- patient consent was not obtained for some procedures.
- no formal process in place to triage patient requests for home visits, in line with current NHS England guidance.
- no process to identify and provide support to military veterans.
- no evidence that demonstrated quality improvement from clinical audits.
- patient records were held in an area in the Cedars Surgery that was not locked and where staff were not always present.
- blank prescription stationery was not always securely stored.
- some personnel records were incomplete.
- arrangements for monitoring vaccine storage temperatures, recording and addressing safety alerts, and infection prevention and control were not implemented effectively.

At this inspection in July 2017 we found:

- All staff had a record of up to date training in basic life support, safeguarding and fire safety; and we saw records of clinical supervision records for Independent Prescribers.
- A fire risk assessment had been completed, documented and actions identified had been addressed, including carrying out regular fire drills.
- A system had been implemented to ensure all Patient Group Directions (PGDs) are current, authorised and signed before vaccinations are provided to patients.
- Arrangements were in place to ensure patient consent is recorded in medical records.
- We saw evidence that, within 48 hours of the inspection in September 2016, the practice had changed their protocol so clinicians would review patient requests frequently each day, to avoid any undue delay. We saw that the clinical appointment system included daily slots to record requests for home visits and these were reviewed by a GP or advanced nurse practitioner each morning.
- Arrangements to support for military veterans was in place and we saw examples of where support had been provided.
- Arrangements for quality improvement, including clinical auditing were in place; and we saw examples of improvements in patient care.

# Are services well-led?

Good 

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

- Arrangements were in place to ensure that patient records and stocks of blank prescription stationery are secure to prevent unauthorised access.
- Personnel files had been reviewed and updated to include records of all appropriate recruitment checks undertaken prior to employment
- Arrangements for temperature checks of vaccine storage; recorded and addressing safety alerts; and infection prevention and control had been reviewed and we saw evidence of effective implementation.

## Leadership and culture

At our inspection in September 2016, we found:

The leadership and culture for oversight, monitoring and assessing risk were not always implemented well enough to keep patients safe. For example, there was no infection prevention and control audit for the Village Surgery site; and the system for safety alerts had not recorded or addressed six safety alerts regarding drugs and medical devices.

Management meetings were held to govern activity and progress developments, however, these were not minuted and no overall business or development plan was documented.

At this inspection in July 2017 we found:

Arrangements for infection prevention and control (IPC) had been reviewed, an IPC audit had been completed and identified actions had been addressed for both sites.

Arrangements had been reviewed to ensure all MHRA (Medicines and Healthcare products Regulatory Agency) safety alerts are recorded and addressed.

Arrangements for business planning and strategic development had been reviewed and we saw evidence of improved structure, documentation and cohesion in the management of the practice.