

# Dr Reidy & Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Reidy & Partners on 16 May, 2016. Overall the practice is rated as requires improvement. Specifically it is rated good for provision of caring, and responsive services. However, the provision of safe, effective and well led services require improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of some relating to staff training, legionella and reviewing patients prescribed one type of high risk medicine.
- Data showed that some patient outcomes were low compared to the national average, in particular for

patients with COPD, with high exception rates in some areas, meaning that a number of patients had not attended for reviews of long term conditions or screening for certain cancers.

- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available in a number of languages, and the practice was responsive to the high number of its patients who did not have English a first language.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Review and improve governance processes and procedures. For example: ensure that patients prescribed high risk medicines have their treatment reviewed within the appropriate timescale.

# Summary of findings

- Ensure staff training records and staff training is kept up to date. For example, in child safeguarding and health and safety.
- Carry out risk assessments for legionella in the buildings, and ensure that high level cleaning in consulting and treatment rooms includes curtain rails.
- Undertake work to establish an effective Patient Participation Group that meets regularly, carries out patient surveys, and puts forward suggestions to the management team regarding improvements to the service.
- Undertake work to identify more patients as carers, and review its carers' list regularly.
- Review and update policies, procedures and guidance.

In addition, the provider should:

**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.

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Not all patients prescribed one type of high risk medicine had their treatment reviewed within the appropriate timescale.
- Child safeguarding training was not in date for all staff at the time of the inspection.
- The practice had not undertaken a risk assessment for legionella at its two surgeries.
- Thick dust was found on some high level surfaces at the branch surgery.
- However, there was an effective system in place for reporting and recording significant events when identified, and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

**Requires improvement**



- Data showed that some patient outcomes were low compared to the national average, particularly for the number of patients with COPD who had a review undertaken including an assessment of breathlessness. The practice had achieved a rate of 69% compared to a CCG average of 92% and a national average of 90%.
- The practice had a 12% exception reporting rate was above the clinical commissioning group (CCG) average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was particularly high in the areas of COPD, where the practice had

# Summary of findings

27% exception reporting compared to a CCG average of 9% and a national average of 11%, and cancer screening, which had a rate of 38% compared to a CCG average of 14% and a national average of 15%. However, it was found that the practice had followed the correct process for exception reporting.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were supported to be involved in decisions about their care, including those who did not have English as a first language being allocated to a GP who spoke their language where available.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. However, the most recent Friends & Family Test results showed that 86% of patients who responded would recommend the practice to people new to the area.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had launched a community heart failure project, supported by the CCG. The project led to the appointment of a specialist heart failure nurse

Good



# Summary of findings

by the CCG, and the development of a software programme to support patients in managing and monitoring their own health. The practice continued to be a pilot centre for the delivery of the service.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, a number of risks had failed to be identified by the practice in relation to staff training, risk assessments, legionella, and reviewing patients prescribed one type of high risk medicine.
- Although a number of issues were identified by the inspection team these areas, we were provided with evidence that work to address them had already been commenced, and was ongoing.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The policies were found to be clear, with key information easily accessible within them.
- However, some policies required updating in light of legislation changes since they had been written, and were beyond their set review date.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

**Requires improvement**



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. There was not currently an active patient participation group, but the practice demonstrated plans to rectify this.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider was rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population.

- The practice was responsive to the needs of older patients, and offered home visits including for phlebotomy, dressings and flu immunisations, and urgent appointments for those with enhanced needs.
- The practice liaised closely with district nurses involved in the care of older people in their own homes.
- The practice demonstrated an effective personalised palliative care system, and had achieved one of the highest rates in the county for enabling patients to die in their own home rather than in hospital. It had continued to provide this service for patients who had moved out of area while receiving palliative care.
- The practice provided services to a local nursing home. GPs attended for a weekly ward round, often on a Friday to avoid possible weekend hospital admissions.
- Practice staff had provided support and training in clinical areas to staff at the nursing home to improve their practice and the working relationship between the home and the GP practice.
- The practice provided responsive care to patients receiving secondary care from hospitals some distance away, for example, undertaking home visits to ensure that a patient could receive the medicines required without the need for a hospital stay.

Good



### People with long term conditions

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Clinics were run to support patients in the management of long-term conditions including diabetes, asthma and COPD, high blood pressure, kidney and heart disease..

Requires improvement





# Summary of findings

- Diabetes management indicators were above the national average, with 89% of patients with diabetes achieving blood pressure readings below the recommended maximum, compared to a CCG and national average of 78%. Two nurses were trained to deliver diabetes management interventions, and were supported in this by one of the GPs who was the practice's "diabetes champion".
- Longer appointments and home visits were available when needed.
- The practice had launched a community heart failure project with the support of the CCG. The project had led to the appointment of a specialist heart failure nurse by the CCG, and the development of a software programme to support patients in managing and monitoring their own health. The practice continues to be a pilot centre for the delivery of the service.
- All these patients had a named GP, and most had a structured annual review to check their health and medicines needs were being met. 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.
- Practice performance for reviews of patients diagnosed with COPD (lung disease) was 69% compared to a national average of 90%. The practice told us they lost their COPD nurse, and had now trained a replacement to undertake work to improve this figure.

## Families, children and young people

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients, including this population group. There were, however, examples of good practice.

- 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 or were living in households where there was alcohol or substance misuse
- Immunisation rates for some standard childhood immunisations were slightly below average.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

**Requires improvement**



# Summary of findings

- 88% of female patients aged 25 to 64 had attended for cervical screening within the target period, which was above the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with other health professionals.

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

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. It also offered telephone consultations to those who would struggle to attend in person.
- The practice offered GP consultations on Saturday mornings, alternating between its two surgeries.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**Requires improvement**



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. This included patients at risk, either directly indirectly, through the misuse of drugs or alcohol, domestic abuse, unemployment and financial difficulties.
- 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.
- Staff had an awareness of the cultural issues in the practice's local community, and GPs had received training regarding the risks of female genital mutilation and radicalisation.
- Patients who spoke some South Asian languages were able to see a GP who spoke those languages . Some receptionists also spoke other languages, and were able to speak to patients in those languages if they preferred.

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

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients, including this population group. There were, however, examples of good practice.

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91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



## Summary of findings

- The practice was supporting the local Healthy Minds service for people experiencing anxiety, depression or stress, by providing a room for one afternoon a week to allow referred patients to be seen on site.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 300 survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

However:

- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards, the majority of which were wholly positive about the standard of care received, with staff described as approachable, helpful and supportive. Six cards mentioned issues such as getting through on the phone in the early morning to book an on-the-day appointment and appointments running late. We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, with particular mention made of the standard of care received for long-term conditions.

Eighty-six per cent of respondents to the practice's most recent Friends & Family Test said that they would recommend the practice to someone new to the area.

## Areas for improvement

### Action the service **MUST** take to improve

- Review and improve governance processes and procedures. For example: ensure that patients prescribed high risk medicines have their treatment reviewed within the appropriate timescale.
- Carry out risk assessments for legionella in the buildings, and ensure that high level cleaning in consulting and treatment rooms includes curtain rails.

### Action the service **SHOULD** take to improve

- Ensure staff training records and staff training is kept up to date. For example, in child safeguarding and health and safety.
- Undertake work to establish an effective Patient Participation Group that meets regularly, carries out patient surveys, and puts forward suggestions to the management team regarding improvements to the service.
- Undertake work to identify more patients as carers, and review its carers' list regularly.
- Review and update policies, procedures and guidance.

# Dr Reidy & Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Dr Reidy & Partners

Dr Reidy & Partners provides GP services to 11,000 patients from two sites, Desborough Surgery in High Wycombe, and Hazlemere Surgery. The Hazlemere surgery is four miles away, in a village just outside the town of High Wycombe. The practice has two male GP partners and four female salaried GPs, equivalent in total to 4.7 whole time doctors. It uses locums on an occasional basis to cover leave and sickness. There are four nurses, equivalent to 2.5 whole time, one healthcare assistant, and 19 administration, reception and support staff, including a practice manager and deputy practice manager.

Although patients are able to attend either site, owing to the distance between them, the surgeries serve significantly different populations. Desborough Surgery is based in central High Wycombe and patients who chose to attend this surgery include a significant number from the town's Asian population, many of whom are relatively new to the UK and have a first language other than English. Hazlemere Surgery is based in Hazlemere village, and serves a more settled and older population. Overall, the practice serves an area with a low level of deprivation, with an Indices of Multiple Deprivation (IMD) decile of nine out of 10. However, there are pockets of deprivation, especially in the urban area served by the Desborough Surgery.

The practice has seen a significant increase in its patient list in the last four years, from fewer than 10,000 in 2012 to 11,000 in 2016. A recent review of its patient list shows that about one third of its patients are White British, one third from the South Asian subcontinent, and one third from other ethnic backgrounds. The practice provides service to a local nursing home which cares for 64 elderly residents with dementia, physical disability and sensory impairment.

Desborough Surgery was purpose-built in the early 1990s over four floors with stair and lift access to two small waiting areas, two GP consulting rooms and three nurse treatment rooms. The practice is planning refurbishment of the reception and waiting areas. This will provide more waiting space for patients, improved accessibility to the front desk, and a confidential area.

Hazlemere Surgery was built in the late 1990s over three floors with stair and lift access. There is one main waiting room on the ground floor, with smaller waiting areas on the first and lower ground floors. There are three consulting rooms and four treatment rooms.

Both surgeries are open all day from 8.30am to 6pm Monday to Friday, with GP appointments available between 9am to 12pm and 1pm to 6pm daily. It has an emergency telephone number available every weekday morning from 8am to 8.30am, and a designated emergency GP available every weekday evening from 6pm to 6.30pm. The practice also runs an extended hours surgery each Saturday from 8.10am to 12pm, alternating between the two sites.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Buckinghamshire Urgent Care and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice was closed.

# Detailed findings

Services are provided from:

Desborough Surgery

65 Desborough Avenue

High Wycombe

HP11 2SD

and

Hazlemere Surgery

2a Roberts Ride

Hazlemere

HP15 7AD

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 May 2016.

During our visit we:

- Spoke with a range of staff including four GPs, two nurses, a healthcare assistant and non-clinical staff including the practice manager and deputy practice manager. We also spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had identified that a vaccine that had passed its expiry date had been administered to a patient. The practice had confirmed that this error had not harmed the patient. Practice nurses had reviewed their procedures for checking medicines. The patient had been informed of the error, and offered an apology. We found evidence that thorough and routine date checking for medicines had been adhered to since this event.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- GPs were trained to child protection or child safeguarding level three, and nurses to level two. However, on the day of inspection, it was found that three GPs and one nurse were not up to date with their training and training records were incomplete. Training certificates reviewed for these staff had expired. These staff members undertook the required training within two days of inspection to rectify this.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises generally found to be clean and tidy at Desborough Surgery. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- However, thick dust was found on some high surfaces in consulting and treatment rooms at Hazlemere Surgery, indicating that high level cleaning was not being undertaken effectively.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- One clinical staff member was not hepatitis B immune. There was documentation to confirm this and the measures needed to protect the individual.
- 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). The



## Are services safe?

practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. However, on the day of inspection, a small number of patients prescribed one type of high risk medicine were not being regularly monitored in line with national guidance. This was because the process for recalling these patients had not been changed following an update in recommendations.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Healthcare assistant were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found that for permanent staff, appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- There was no legionella risk assessment for the practice (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water sample tests had been undertaken in 2014 and found to be clear.
- The practice did not have copies of Control of Substances Hazardous to Health (COSHH) datasheets for the cleaning products used at the surgeries. This was rectified within two days of inspection.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, compared to a CCG average of 97% and a national average of 95%.

There was 12% exception reporting, which was above the clinical commissioning group (CCG) average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Exception rates were particularly high in the areas such as:

- Cancer rates were 38% compared to a CCG average of 14% and a national average of 15%.
- Dementia, which had a rate of 30% compared to a CCG average of 10% and a national average of 8%.
- Cervical screening, which had a rate of 23% compared to a CCG average of 8% and a national average of 6%.

The practice told us that it followed an exception rate protocol to ensure that it used the correct codes and only excepted patients for correct reasons. It regularly reviewed its data to look for changes at individual disease register level, and was of the view that its decisions to except

patients were based on sound clinical judgement made by the GPs, and that higher than average rates were acceptable if the reasons to except had been considered correctly.

The practice was an outlier for the QOF clinical target for the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness. The practice had achieved a rate of 69% compared to a CCG average of 92% and a national average of 90%, despite 27% exception reporting compared to a CCG average of 9% and a national average of 11%. The practice explained that it had a robust recall system for patients with COPD. Their ability to see patients due for review had been affected in the last QOF period by the sudden loss of its specialist COPD nurse. The practice had trained another specialist nurse, and had a plan to either recruit again or train an existing nurse in this specialism.

Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the national average, at 92% compared to 89%
- Performance for mental health related indicators was similar to the national average at 91% compared to 93%
- There was evidence of quality improvement including clinical audit.
- There had been three clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of patients with atrial fibrillation, all patients with the condition who were prescribed aspirin had their prescriptions changed in line with current prescribing guidelines, and all clinical staff attended a presentation to update them with current advice on managing hypertension.

Information about patients' outcomes was used to make improvements. For example, an audit into the prescribing of a medicine for diabetes resulted in reviewing each relevant patient to ensure that they were receiving the correct dose to manage their condition, and to prescribe additional medicines if required.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a number of staff had completed recent training in end-of-life care, and dementia and learning disability awareness. The lead nurse had qualified as a nurse prescriber in 2015, and had been provided with protected learning time to support this training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice worked closely with the local Healthy Minds service for people experiencing anxiety, depression or stress, provided consultations on site one afternoon a week. Patients were signposted to the relevant local support service for support services not available on site.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 84% and the

# Are services effective?

(for example, treatment is effective)

national average of 82%. However, the exception rate for those who did not attend on invitation was considerably higher than the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, achieving an uptake of 67% for breast

cancer screening, which was lower than the CCG average of 76% and the national average of 72%, and 60% for bowel cancer screening, which was comparable to the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccinations given to under two year olds were slightly below CCG averages, ranging from 87% to 99% compared to the CCG averages of 93% to 97%, The rates for vaccinations given to five year olds were comparable to CCG averages, ranging from 80% to 97% compared to the CCG averages of 79% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

The majority of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed that the majority of patients felt they were treated with compassion, dignity and respect. However, the practice was slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

However:

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

The practice told us that it regularly reviewed its GP Patient Survey results, and was of the view that while a number of its scores were lower than national and CCG averages, it was comparable to those of its immediate neighbours in central High Wycombe. It said that it had regular team discussions about improving communication with patients in order to heighten their perception of staff's helpfulness.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients' response was mixed to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly below local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

However:

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

## Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- When appropriate, patients were allocated to a GP who spoke a number of South Asian languages.
- Some of the receptionists spoke other languages, and we witnessed one receptionist speaking to a patient in his own language.
- The practice did not allow children to act as interpreters for their parents, because this could limit adults' ability to discuss their medical problems freely or appropriately. It offered alternative arrangements, such as using a language line, booking an interpreter, or seeing a GP who spoke the language.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers (less than 1% of the practice list). The practice had advertised the forthcoming national Carers Week on posters in reception, and was planning to use the event to increase its identified carer numbers and promote services available to them, such as health checks and flu immunisations. Written information was available to direct carers to the various avenues of support available to them.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had started a community heart failure project, supported by the CCG and the local department of cardiology, and chaired by one of the GP partners. The aim of the project was to improve the diagnosis and treatment of left ventricular systolic dysfunction in the community through better shared primary and secondary care,

- The practice offered GP appointments on Saturday morning, alternating between the two surgeries, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately
- There were disabled facilities, a hearing loop and translation services available.
- The practice had lifts on both sites to improve access to consulting and treatment rooms.

The practice had posters and information available in a number of languages, and patients who spoke some South Asian languages were able to see a GP who spoke those languages. Some receptionists also spoke other languages, and were able to speak to patients in those languages if they preferred.

The practice had identified that it had a high number of patients with pigmented skin lesions from living in warmer countries, and had purchased dermatoscopes for both surgeries to allow GPs to make initial skin condition diagnosis with support of the local dermatology advice service, reducing the number of hospital referrals.

The practice aimed to offer a personalised palliative care package for patients nearing the end of life, including keeping patients on its list after they moved some miles away. Clinical staff continued to undertake home visits, including at the weekend when required, and continued to care for the patients until the end of life.

The practice also provided responsive care to patients receiving secondary care from hospitals some distance away, for example, undertaking home visits to ensure that a patient could receive the medicines required without the need for a hospital stay.

Staff have an awareness of the cultural issues in the practice's local community, and GPs had received training regarding the risks of female genital mutilation and radicalisation, and has previously supported patients at risk of forced marriage.

The practice was the prime provider of services to a local nursing home which cared for 64 elderly residents with dementia, physical disability and sensory impairment. GPs attended for a weekly ward round as well as ad-hoc visits, often on a Friday to avoid possible weekend hospital admissions. Practice staff had provided support and training in clinical areas to staff at the nursing home to improve their practice and the working relationship between the home and the GP practice.

Both surgeries were open all day from 8.30am to 6pm Monday to Friday, with GP appointments available between 9am to 12pm and 1pm to 6pm daily. It has an emergency telephone number available every weekday morning from 8am to 8.30am, and a designated emergency GP available every weekday evening from 6pm to 6.30pm. The practice also offered an extended hours surgery each Saturday from 8.10am to 12pm, alternating between the two sites. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although the process for booking on the day appointments needed to be more clearly communicated to patients, as there was a mismatch between the practice's protocol that emergency cases would be seen on the day, and patients' understanding of this. .

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints on posters in reception.

We looked at nine complaints received in the last 12 months and found that these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a patient suffered an adverse reaction after acting on GP advice, GPs were reminded to check for possible side effects of medicines even when patients have been taking them for an extended period.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, a number of risks had failed to be identified in relation to legionella, and reviewing patients prescribed one type of high risk medicine, training and recording of training.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice had recently recruited a deputy practice manager who was focussing on improvements in a number of areas, including security, carers and the PPG. Their employment was also providing the practice manager with more opportunity to address issues such as policies which had passed their review date, and improving the induction programme for new staff.

Therefore, although a number of issues were identified by the inspection team these areas, we were provided with plans which evidenced that work to address them had already been commenced, and was ongoing.

### Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us 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 team meetings and felt confident and supported in doing so
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

# Are services well-led?

Requires improvement 

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

- The practice had a virtual patient participation group (PPG). The new deputy practice manager was in the process of revitalising the group, to hold physical meetings, carry out patient surveys and submit proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through team meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had recently moved all its paper patient files into central secure storage, and as a result, had additional space to redesign and modernise the reception area at Desborough Surgery. The receptionists told us that they were fully involved in the design process and that the practice had listened to their suggestions on what would be best for patients and staff.

- We spoke to two district nurses, not employed by, but who were attached to the practice, who described a good communication and involvement process which made them feel valued, supported and part of the practice team.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included the community heart failure project launched by the practice and supported by the CCG. The project led to the appointment of a specialist heart failure nurse by the CCG, and the development of a software programme to support patients in managing and monitoring their own health. The practice continued to be a pilot centre for the delivery of the service.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• We found the registered person did not have effective governance, assurance and auditing processes to assess, review and improve the systems in place to effectively monitor face to face reviews of patients prescribed high risk medicines, ensure staff safeguarding training was in date, manage infection risks, and ensure patient feedback into the running of services was considered.</li></ul>