# Chiltern House Medical Centre

## Quality Report

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

## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |
| Are services safe? | Inadequate |
| Are services effective? | Requires improvement |
| Are services caring? | Inadequate |
| Are services responsive to people's needs? | Inadequate |
| Are services well-led? | Inadequate |

# Summary of findings

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## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an unannounced comprehensive inspection at Chiltern House Medical Centre on the 18 October 2016. This was to follow up on concerns identified at an inspection in February 2016, when the practice was rated Requires Improvement overall and in the safe, effective, caring, responsive and well-led domains. Due to the levels of concern identified at Chiltern House Medical Centre on the 18 October 2016 and poor feedback received about the branch practice, we also made an announced visit to Dragon Cottage Surgery on the 24 October 2016. Overall the practice is rated as inadequate.

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

- The practice has been through significant changes since 2014. Two practice managers joined and left the practice between April 2015 and October 2015. Two further practice managers were recruited and from January 2016 have commenced with the implementation of concern and risk improvements set out by NHS England in February 2015.
- The practice had a leadership structure, but there was insufficient leadership capacity and governance arrangements to support the delivery of high quality care and services for patients. Weak leadership and management capacity has led to only a partial completion of the NHS England action plan, which was developed with the practice in early 2016. There were continued breaches in regulation for the areas of concerns identified at the last CQC inspection in February 2016.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, fridge temperature recording was inconsistent and the practice had not followed their own policy when records highlighted a risk; legal documentation to support the safe delivery of immunisations and vaccinations were out of date; medicines checks had not identified out of date items at the Dragon Cottage Surgery; risk assessments with concerns identified and poor access feedback from patients had not been fully addressed. The cleanliness of treatment and consultations rooms at Chiltern House Medical Centre was also poor.

# Summary of findings

- Very few clinical audits or quality improvement measures had been undertaken since the last inspection. A recent meeting outlined how the practice was to reinstigate a clinical governance framework and policy, but this was in development and it was too early to assess the effectiveness.
- Staff were clear about reporting incidents, near misses and concerns but the learning and actions were not always communicated to staff.
- Patient's feedback through the national GP survey showed worsening results when compared to the previous survey in December 2015. The results were often lower than CCG and national averages. The practice had not identified the poor patient feedback advertised on the Healthwatch Buckinghamshire website or NHS Choices. Minimal action had been taken to make improvements from the patient feedback.
- Appointment systems were not working well so patients did not receive timely care when they needed it.

The areas where the provider must make improvements are:

- Ensure the premises used by patients are safe, clean, secure, suitable for the purpose they are used and properly maintained.
- Review the leadership and management capability, capacity and experience in order to ensure the practice effectively makes sustainable and measurable improvements to the governance processes. Including the management of significant events, infection control, medicines management, clinical audit and quality improvement, the management of risk and have appropriate up to date documentation and policies in place. Ensure patient feedback is reviewed and acted upon to improve the services for patients.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed to meet the requirements of the regulations and also to maintain and sufficient, accessible and safe level of service to patients.
- Implement and make improvements to ensure all care and treatment is undertaken in a safe way. For example, the safe management of medicines.

The areas where the provider should make improvement are:

- Review and improve the processes to identify carers in the practice population to ensure they are offered the correct support, care and treatment.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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?**

**Inadequate**

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were able to report incidents, near misses and concerns. Although the practice carried out thorough investigations when there were unintended or unexpected safety incidents, lessons learned were not well communicated and so safety improvements was not always implemented or shared with staff.
- Patients were at risk of harm because systems and processes were weak. For example; a fire risk assessment had been undertaken in July 2016 and some actions had not been completed; fridge temperature recording was inconsistent and the practice had not followed their own policy when temperature records highlighted a risk; legal documentation to support the safe delivery of immunisations and vaccinations were out of date; medicines checks had not identified out of date items at the Dragon Cottage surgery; risk assessments with concerns identified and poor access feedback from patients had not been fully addressed. The cleanliness of consultation and treatment rooms at Chiltern House Medical Centre was also poor.
- There were not always enough staff to keep patients safe. Staff questionnaires distributed on the inspection day identified that staff sometimes worked double shifts to maintain a consistent level of service and the nursing team were short of one nurse due to absence. This placed pressure on the remaining nursing team.
- 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.

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

**Are services effective?**

**Requires improvement**

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

- Patients were not always supported to manage a new diagnosis of a medical condition.

# Summary of findings

- Data showed patient outcomes were low compared to the national average. Performance for mental health related indicators was 81% which were similar to the CCG average of 96% and national average of 93%. For asthma related indicators this was 88% compared to 100% in 2014/15 and for secondary prevention of coronary heart disease was 85% compared to 95% in 2014/15.
- There was minimal evidence that audit was driving improvement in patient outcomes. The practice had recently introduced a clinical governance policy but it was too early to assess the impact and measure quality improvement.
- The practice compared their own practice achievement with others locally. Patient attendance at local urgent care, out of hours or accident and emergency departments showed the practice was in line with the average for the CCG.
- Knowledge of and reference to national guidelines were consistent.

Multidisciplinary working was taking place and we saw records of meeting minutes from MDT and Gold Standard Framework meetings.

**Are services caring?**

**Inadequate**

The practice is rated as inadequate for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients had rated the practice lower than others for some aspects of care.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. (A reduction of 7% since January 2016)
- 67% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.(A reduction of 7% since January 2016)
- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%. (A reduction of 6% since January 2016)
- 76% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%. (A reduction of 7% since January 2016)The practice had made little improvement to the ensure improvements were made to areas of concern in the patient surveys, on NHS Choices or through Friends and Family tests.

# Summary of findings

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened too.
- Information for patients about the services was available but not everybody would be able to understand or access it.
- The number of patients registered with the practice who were carer's was low.

**Are services responsive to people's needs?**

**Inadequate**

The practice is rated as inadequate for providing responsive services and improvements must be made.

- Patients reported considerable difficulty in accessing a named GP and poor continuity of care.
- Appointment systems were not working well so patients did not receive timely care when they needed it.
- The practice was not well equipped to treat patients.
- Information about how to complain was available for patients.
- Data from the national GP patient survey showed patients rated the practice lower than others for being responsive.
- 74% 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%. (A reduction of 9% since January 2016)
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%. (A reduction of 8% since January 2016)

76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%. (A reduction of 7% since January 2016)

**Are services well-led?**

**Inadequate**

The practice is rated as inadequate for being well-led.

- There was a leadership structure but there was limited capacity, capability and experience to make substantial improvements to the high levels of risk identified at the last inspection and from the NHS England action plan.
- The practice had not responded to or taken all the appropriate actions from the last CQC inspection report and the action plan developed with NHS England in early 2016.

# Summary of findings

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, this was not ensured through the practices leadership approach, the governance framework or culture of identifying risk and assessment. The practice strategy was not regularly monitored.
- Some staff reported that they did not feel supported by management.
- The practice had sought feedback from staff or patients but did not respond to make improvements. Since the last inspection, the practice had introduced a patient participation group but it was too early to measure its effectiveness.

Staff told us they had received a performance review but records showed no action points or training was identified.

# 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

**Inadequate**

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, responsive and well-led. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- Outcomes for patients with conditions commonly found in older people were mixed. For example, 82% of patients with hypertension (high blood pressure) had achieved a target blood pressure measurement in the previous 12 months. Ninety-four percent of patients with chronic obstructive pulmonary disease (a long condition) had a review undertaken including an assessment of breathlessness in the preceding 12 months.
- We saw evidence which showed that basic care and treatment requirements were not met. For example patients were not always able to access appointments at a time they needed them.
- Older patient's needs and access for those with poor mobility or who were housebound was limited.
- The practice offered home visits and urgent appointments for those with enhanced needs.

One of the GP partners provider care and treatment for 55 patients in a local nursing home.

### People with long term conditions

**Inadequate**

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe, responsive and well-led. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- Diabetes management in the practice was an area of improvement identified at the previous inspection. The practice was in the process of making changes to the systems and processes to support patients with diabetes.
- 75% of patients with diabetes had achieved a target blood test result in the preceding 13 months, which was comparable to the CCG and national averages.
- Longer appointments were always available when patients needed them.

# Summary of findings

- Patients had a named GP, but on the day of inspection patients reported they were often unable to see the same GP at each appointment, which resulted in a lack of continuity of care.
- Structured annual reviews were undertaken to check that patients' health and care needs were being met.

**Families, children and young people**

**Inadequate**

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, responsive and well-led. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- Immunisation rates for the standard childhood immunisations were comparable to other local practices.
- Appointments were available outside of school hours. However, routine appointments were limited and often urgent on the day appointments had been taken by other patients, leaving no new appointments until the following day.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%.

There were systems in place to identify and follow up on children living in disadvantaged circumstances and who were at risk, for example children with a high number of accident and emergency attendances.

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

**Inadequate**

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as inadequate for safe, responsive and well-led. The issues identified as inadequate overall affected all patients including this population group.

- The age profile of patients at the practice included those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice offered extended opening hours for appointments on a Tuesday and Wednesday and patients could book appointments online.
- Health promotion advice was offered and there was health promotion material available in the practice.
- Appointments were limited for patients who worked or students.

# Summary of findings

**People whose circumstances may make them vulnerable**

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe, responsive and well-led. The issues identified as inadequate overall affected all patients including this population group.

- There were policies or arrangements to allow people with no fixed address to register or be seen at the practice. The practice had carried out annual health checks for patients with a learning disability.
- The practice had worked with multi-disciplinary teams in the case management of vulnerable people. However, they did not hold a register of patients living in vulnerable circumstances.
- Some staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, the documentation of safeguarding concerns and how to contact relevant agencies in and out of normal working hours.
- The practice informed vulnerable patients about how to access a variety of support groups and voluntary organisations.

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

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as inadequate for safe, responsive and well-led. The issues identified as inadequate overall affected all patients including this population group

- Seventy-eight percent of patients diagnosed with dementia had their care plan reviewed in a face to face meeting in the last 12 months, which was lower than the CCG and national averages.
- Eighty-four percent of people experiencing poor mental health had a care plan review in the previous 12 months, which was lower than the CCG and national average.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.
- The practice did not have a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Not all staff had received training on how to care for people with mental health needs.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing below local and national averages and had declined further since the December 2015 results. Two hundreds and sixty five survey forms were distributed and 115 were returned. This represented 1.2% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) of 73% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 64% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 80% and the national average of 78%).

We also asked for CQC comment cards to be completed by patients during our inspection. We received 18 comment cards, of which ten were positive about the standard of care received. Eight of the comments cards were mixed or less positive about the practice. The concerns raised referred to not being able to access to same day and pre-bookable appointments, getting through on the telephone and rude reception staff.

We spoke with 10 patients at Chiltern House Medical Centre and four patients at Dragon Cottage Surgery. Six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, all six patients said they had experienced difficulty in accessing appointments or getting through on the phone. Four patient responses were less positive and they shared concerns about accessing appointments, waiting times in the practice before their appointment and telephone access.

# Chiltern House Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Inspection Manager**.** The team included a GP specialist adviser and a practice manager specialist adviser

## Background to Chiltern House Medical Centre

Chiltern House Medical Centre provides primary care GP services to approximately 8,900 patients across two locations in the High Wycombe area. The two locations are Chiltern House Medical Centre and Dragon Cottage Surgery, the patient list is split equally between the two sites. The practices are located in an area of low deprivation, meaning very few patients are affected by deprivation in the locality. However, there are pockets of high deprivation within the practice boundary. There are a higher number of patients aged 45 to 54 registered at this surgery and all other age groups are comparable to national averages. There are a high percentage of patients from ethnic minority backgrounds at the Chiltern House Medical Centre.

The practice have three GP partners (all female), three salaried GPs (all female), three practice nurses (all female) and a health care assistant (female). GPs provided 33 clinical sessions per week. The clinical staff are supported by two practice managers, eleven receptionists, two administration staff and two secretaries. The practice provides primary medical services under a general medical services contract (GMS). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Chiltern Clinical Commissioning Group.

The Chiltern House Medical Centre building is a 17th century grade II listed premises. Access to the practice is through automatic doors into a large waiting area and reception. There are two consultation rooms and two treatment rooms on the ground floor with two further consultation rooms on the first floor. A lift allows access to the first floor. A fifth consultation room is used by a counsellor who visits the practice.

Dragon Cottage Surgery is located in an old residential dwelling in the Holmer Green area of High Wycombe. The house has been converted to provide three consultation rooms and two treatment rooms. There is a reception area and two small waiting rooms. On the day of inspection, the building looked tired and in places the décor needed refreshing in some areas. There are access restrictions to the building and limited adjustments have been made by the practice. There are car parking for patients on the premises and the road outside, however there are no designated disabled car parking facilities. The patient population of this practice are more elderly and from families. The leadership team advised that they were not investing or making improvements to the Dragon Cottage Surgery location as they were viewing a new site for a purpose built practice. However, the plans for relocation had not been developed at the time of inspection.

The practice is open between 8.am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm every morning and 2pm to 6.30pm daily. Extended surgery hours are offered on Tuesday evenings until 7.30pm at Dragon

# Detailed findings

Cottage and Wednesday evenings until 7.30pm at Chiltern House. The practice have opted out of providing out of hours care when the practice is closed. This is offered by NHS 111 telephone service who will refer to the out of hours GP service if required.

The practice has undergone many operational and staff changes in the last three years. Two GP partners, three nurses and two practice managers left between 2014 and 2015. The practice successfully recruited a practice manager in November 2015 and established an improvement programme to support the practice through the transition. A second practice manager was recruited in January 2016 and between them they have commenced or implemented improvements in the plan set out by NHS England. The first practice manager (who is also a practice manager at another practice) is leading and mentoring the second practice manager with a view to handing over the role completely later in 2016. NHS England are having regular meetings with the practice to ensure actions are being implemented and completed.

The practice have two sites from which services are provided; Chiltern Medical Centre and Dragon Cottage. Patients can see a GP or nurse at either site. We have visited both sites during this inspection.

All activities are provided from:

Chiltern House Medical Centre

45 – 47 Temple End

High Wycombe

Buckinghamshire

HP13 5DN

and

Dragon Cottage

35 Browns Road

Holmer Green

High Wycombe

Buckinghamshire

HP15 6SL

We visited the Chiltern House Medical Centre and Dragon Cottage Surgery site for this inspection. Dragon Cottage has been de-registered as a second location with the CQC. A previous inspection of Chiltern House Medical Centre took place in February 2016, we did not visit Dragon Cottage Surgery at this time. Following the inspection, the practice was rated as requires improvement for providing safe, effective, caring, responsive and well led services. The overall rating was requires improvement. Breaches were found in four regulations relating to staffing, training, safety and good governance.

## 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, which were in breach from the last inspection in February 2016. We also looked 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 unannounced visit on 18 and announced visit on the 24 October 2016.

During our visit we:

- Spoke with a range of staff (insert job roles of staff) and 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?

# Detailed findings

- 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.

Inadequate

# Are services safe?

## Our findings

At our last inspection in February 2016, we found the practice had breached regulations which posed a risk to patient safety. Concerns were raised in respect of the ineffective system to take action and learn from significant events; the practice had not risk assessed whether chaperone staff required disclosure and barring service checks; there were unsatisfactory levels of cleanliness; the practice did not have an infection control lead and staff had not received infection control training; recruitment checks for staff were not always completed or recorded. The management of risk was poor with electrical equipment checks overdue by five years; emergency medical supplies and equipment were not suffice to ensure the most common medical emergencies could be managed effectively. Whilst some improvements had been made the evidence found during this inspection demonstrated not all corrective action was effective or had been taken. New areas of concern were also identified.

**Safe track record and learning**

At the inspections in October 2016, we noted there was a system in place for reporting and recording significant events, however, improvements were required.

- 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. Significant event forms contained information about the events, learning and the actions taken.

The practice was unable to provide evidence that lessons were shared with the wider staff group. The minutes of meetings where significant events were discussed were brief and did not include an outline of the discussions around the event, learning or actions. However, the learning and actions were documented on the event forms we reviewed. We noted action was taken to make improvements for most of the events, however in one example the documented actions had not been implemented to improve the quality of service for patients.

A significant event we reviewed from June 2016, related to a patient being missed for their appointment. The receptionist had failed to book the patient in and after one hour the patient was still waiting. The receptionist identified the error, approached the patient to apologise and asked them to rebook the appointment as the nurse and GP were not available. There was a risk that a sick patient had left the practice having not been seen by a clinician. The incident was recorded and discussed at a clinical meeting. Learning outcomes and actions were recorded. These included briefing staff on the different roles of clinical staff in diabetes management, asking receptionists to keep an eye out on patients in the waiting room to identify any lengthy delays. The practice also agreed to ensure that delays in appointment times were advertised on the electronic sign in screen, on the notice board and reception staff would advise patients verbally.

We spoke with patients on the day of inspection and they reported long waits for their appointment times. During a waiting room observation, we noted five patients that had waited a considerable period past their appointment time. There was no notice displayed advising patients of the delay, the electronic booking in screen showed delays of zero minutes and we only heard staff advising patients of a delay, when the patient asked. This demonstrated the sharing and learning from the significant event above had not been implemented.

**Overview of safety systems and processes**

The practice did not have effective 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. The nursing staff had received adult safeguarding and level two child safeguarding training.

- 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). Non clinical staff we spoke with understood that chaperoning was not part of their role.
- The practice had not maintained appropriate standards of cleanliness and hygiene at the Chiltern House Medical Centre location. We observed the waiting room and reception to be clean and tidy. However, we found high levels dust on high and low level surfaces in one treatment room and two consultation rooms, one of which was being used as a treatment room on the day of inspection. In this consultation room, the clinical waste bin was visibly dirty and there were high levels of dust on the surfaces of the trolley and the examination bed. We noted this room had carpet tiles and the room was regularly used for treatments such as dressing changes. Dust was also found on surfaces such as the curtain rails and examination lamps in all rooms. The practice manager advised that the practice had changed cleaning companies since the last inspection and was in the process of discussing their concerns about cleanliness with the new company.
- At Dragon Cottage surgery the cleanliness of the practice was satisfactory. Following the announcement of the inspection, the practice arranged for a deep clean of Dragon Cottage surgery before our visit. However, we noted that many areas of the practice were carpeted and visibly stained. We asked the practice manager to provide the deep cleaning records for the carpeted areas. They told us this was not included in the cleaning schedule.
- We were advised that one of the practice nurses at Chiltern House Medical Centre was the infection control clinical lead. However, the lead had been absent since August 2016 and one of the GP partners had taken over this lead role. There was an infection control protocol in place and staff had received up to date training. An infection control audit undertaken in December 2015 and we saw audit failings that required the practice to take action. Some of the issues identified in the December 2015 audit had not been addressed or were an area of concern found at this inspection. This included poor cleaning standards. We also noted damaged or out of order hand gel dispensers in some areas of the practice, including in one patient toilet.
- The arrangements for managing medicines and vaccines, in the practice were not always effective (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice checked medicines expiry dates on a regular basis, although the recorded expiry dates did not always match the expiry dates on the medicines at the Chiltern House Medical Centre location.
- Fridge temperature checks were undertaken but we noted checks were not recorded for five days between July and September 2016 at Chiltern House Medical Centre. For one date in August 2016, we saw evidence that the stock within one fridge had to be destroyed when the fridge recorded a temperature out of the safe range. The practice had followed their own medicines management policy to manage this event. However, the practice was unable to provide evidence that demonstrated all the unrecorded days had been reported or any action was taken to ensure the safety and effectiveness of the medicines in the fridges.
- At Dragon Cottage surgery there were two fridges used for the storage of medicines. The first fridge had no temperature checks recorded on 16 days between July and September 2016. The second fridge had no temperature checks recorded on 13 days between July and September 2016. Both fridges had two dates where the maximum temperature was exceed. (Nine and ten degrees centigrade respectively). We asked the practice manager whether the high temperatures had been

reported and the cold chain policy had been instigated. They were unable to provide evidence that this had been reported or any action taken to ensure the safety and effectiveness of the medicines in the fridges. On the day of inspection we noted that one fridge was used to store medicines and patient samples.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The 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.
- During the Chiltern House Medical Centre inspection, we asked the practice about the system used to keep printed and blank prescription forms securely stored. The business manager advised that the practice checked the serial numbers upon receipt. There were no systems in place to monitor their use throughout the practice. When we inspected Dragon Cottage surgery, the practice had ensured that prescription pads and forms were secured appropriately at this location and they had developed a system to monitor prescriptions in the practice. However, at the time of the branch inspection it was too early to test its effectiveness.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, on the day of inspection we found evidence that showed eight of the PGDs were out of date between March and August 2016. This included PGDs for Flu, Typhoid, Hepatitis A and Pneumococcal vaccinations. Patient specific directions had not been implemented as a temporary measure until new PGDs could be implemented. The practice manager advised that they had been making changes to the PGDs and those out of date. However, we were not provided with evidence of updated PGDs on the day of or within 48 hours of the inspection. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The same eight PGD's were also out of date at the Dragon Cottage surgery.
- We reviewed two recently appointed staff personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with a professional body and the appropriate checks through the Disclosure and Barring Service. At the last inspection, staff did not have Hepatitis A status recorded and at this inspection process had been discussed but not fully implemented.

**Monitoring risks to patients**

Risks to patients were not well assessed and managed. We found that often actions had not been taken to address risk assessment findings.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However, these were not always effective and did not keep patients safe. The practice provided up to date fire risk assessment in July 2016 and carried out regular fire drills for Chiltern House Medical Centre. At Dragon Cottage surgery, the risk assessment from July 2016 had a number of actions that were identified as high and medium risk and some had not been implemented at the time of inspection. We also noted on the day of inspection, that the door to the medical record storage area could close on staff and not be opened from the inside, posing an additional fire risk. Fire training for fire marshalls was due to be completed shortly after the inspection. Following the inspection we shared our concerns with the Buckinghamshire Fire Service, who reported a normal level of risk at the Dragon Cottage surgery site.
- 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. However, at the Dragon Cottage surgery a risk assessment for legionella in February 2016 identified high risks that required action to be taken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection, we asked the practice manager to provide evidence that all the risk actions had been corrected. They were only able to confirm one of the actions for water temperature checks had been undertaken. We noted the temperature checks recorded a figure lower than the recommended temperature to prevent the risk of legionella. No action had been taken to resolve this.

Inadequate

# Are services safe?

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- At Dragon Cottage surgery a disability discrimination act assessment (now formally known as the Equality Act Assessment) had been undertaken but this was not effective and had not considered all of the risks and access concerns. There was no action plan to ensure the actions from the assessment were completed. We noted that a ramp had been purchased but this did not provide access over all the door thresholds. The doorways were narrow and patients in some mobility scooters or wheelchairs would not be able to access the practice easily or at all. There were no disabled parking spaces and the path access from the car park may mean patients with mobility difficulties were at risk. There was a narrow stair case with additional steps into the upstairs rooms. One patient we spoke with told us they had broken their leg previously and they had to climb the stairs for their appointment on the first floor. We asked the practice whether further improvements were being made to the Dragon Cottage surgery and they advised that they were limiting investment in the practice as a new site location had been identified, which would see a purpose built surgery premises.
- 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. However, at the time of inspection a member of the nursing team was on long term absence. This absence created a reduction of 35 nursing hours. The practice manager advised that they had made attempts to recruit longer term locum nurses but had been unsuccessful. On the day of inspection, we saw one locum nurse who had worked on a Tuesday for the previous few weeks.
- The practice business manager advised us that the nurse roles and responsibilities had been shared among the GPs, practice and business managers. However, we found the nurse led responsibility areas were not being managed effectively. For example, weak infection control procedures, poor cleanliness, out of date emergency medicines, inconsistent fridge temperature recording, weak prescription security and PGDs being out of date.
- Through the inspection staff questionnaires staff reported shortages of nursing and reception staff. Three members of the team said that some reception staff are working double shifts to ensure a consistent level of service is maintained.

**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 at the Chiltern House Medical Centre.
- However, at Dragon Cottage surgery we reviewed three emergency medicines and equipment boxes in each of the consultation rooms. Across all consultation rooms we found four vials of Atropine which expired in September 2016 and three vials of Chlophenamine which had expired in August 2016, one of which was found broken in the storage box. There were no expiry checking processes for these boxes.
- At the last inspection, the emergency grab bag was taken out of the practice on home visits, which left no resilience to manage emergencies in the practice during this time. At this inspection we found the practice had introduced adequate emergency kits for home visits and within the practice, at both locations.

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.

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

At our last inspection in February 2016, we found the practice had breached regulations which meant the practice need to make improvements. Concerns were raised in respect of the management of patients with diabetes and osteoporosis, there were limited audits and no audit strategy; training was not being carried out or recorded in order to support staff in their roles; most staff had not had an appraisal and multidisciplinary meetings were infrequent and not recorded. At this inspection we found most improvements had been made but it was too early to assess the effectiveness of some of the changes.

**Effective needs assessment**

At the inspections in October 2016, we found 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 available data for 2015/16 showed the practice had achieved 93% of the total number of points available. This was a decrease in points from 96% in 2014/15. Five clinical indicators showed a decline in 2015/16. These included Diabetes Mellitus, Asthma, Dementia, Depression, Secondary prevention of coronary heart disease and Mental Health. Exception reporting for all clinical indicators was comparable to CCG and national averages.

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

- Performance for diabetes related indicators was 85% which was below the CCG average of 95% and national average of 90%. (86.4% in 2014/15)
- The percentage of patients with hypertension having regular blood pressure tests was 92% which was comparable to the CCG average of 99% and national average of 97%. (100% in 2014/15)

The practice described the changes that they were due to introduce to improve the management of patients with diabetes. However, at the time of inspection the changes had not been introduced in full.

Indicators with lower performance in 2015/16 were:

- Performance for mental health related indicators was 81% which were belowthe CCG average of 96% and national average of 93%. (97% in 2014/15)
- Performance for asthma related indicators was 88% compared to 100% in 2014/15.
- Performance for secondary prevention of coronary heart disease was 85% compared to 95% in 2014/15.
- Performance for depression related indicators was 77% which were below the CCG average of 97% and national average of 92%. (100% in 2014/15)

There was limited evidence of quality improvement in the last six months, including clinical audit.

- There had been one clinical audit undertaken in the last six months, which had not been completed due to the timescales since the last inspection.
- Operational audits had been undertaken and improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- At a meeting in October 2016, the minutes recorded the discussions relating to the reintroduction of the clinical governance policy and clinical audits. Following the last inspection, NHS England had requested an audit strategy for the year ahead to include nursing audits and audits generated from complaints, serious events, poor patient outcomes and national clinical guidelines. The

Requires improvement

# Are services effective?

## (for example, treatment is effective)

practice had arranged a meeting in October 2016 with the partners, salaried GP and nurses to initiate this and were still working towards an audit strategy at the time of the CQC inspection.

Information about patients' outcomes was used to make improvements. At the last inspection in February 2016, an audit of gestational diabetes (diabetes during pregnancy) showed improvement in screening for this patient group. The first two audit cycles demonstrated an increase from 51% to 56%. The GP who conducted the audit cited problems with identifying patients to attend for screening, due to the restrictions of administration and subsequent difficulties experienced in the preceding 12 months. A repeated audit was due within the next six months and the GP has set a target of 70%.

At this inspection, the practice had undertaken an audit of the use of an antibiotic used in urinary tract infections. The practice reviewed whether appropriate checks and tests were being completed for those receiving the medicine. The first audit cycle identified that testing was not being offered to all patients. As an improvement the GPs encouraged and provided tests for those who had taken the antibiotic, reducing the use of the medicine and thereby improving patient outcomes. This was evident from the second audit cycle.

The practice monitored urgent care activity in the clinical commissioning group area to ensure patients from the practice did not have to access urgent care outside of normal GP practice hours. We reviewed data from September 2016 and found:

- Less than 1% of patients attended the out of hours service, which was the lower than other practices in the High Wycombe area.
- Less than 2% of patients attended the minor injuries unit, which was similar to other practices in the High Wycombe area.
- The practice had the lowest number of emergency admissions in September 2016, when compared to other practices in the area.
- For Diabetes emergency admissions, the practice were the third lowest in the area for September 2016.

**Effective staffing**

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

- The training gaps from the February 2016 inspection had been addressed. The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We spoke to a practice nurse who confirmed they had received training in the management of Asthma and Diabetes. They had also received additional training in the management of minor illness.
- 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 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.
- At the February inspection, appraisals had not been completed for most staff. At this inspection, all staff had received an appraisal within the last six months. However, we reviewed a sample of appraisals paperwork and found some records were not dated and others did not included action points, developmental needs or training updates.
- 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**

Requires improvement

# Are services effective?

## (for example, treatment is effective)

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. Multi-disciplinary 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. One of the practice nurses explained how they managed the Gold Standards framework to ensure patients at the end of life had all their care needs met. We saw minutes of meetings to demonstrate these were held regularly.

**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 (MCA) 2005. We saw training records and minutes of meetings where MCA training had been provided.
- When providing care and treatment for children and young people, 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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, uptake was broadly comparable to national and local figures;

- 76% of female patients aged 50 to 70 were screened for breast cancer in the last 36 months compared to the CCG average of 76% and national average of 72%.
- 54% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% (CCG 93% to 97%) and five year olds from 83% to 98% (CCG 79% to 96%). At the inspection in February 2016, the practice nurses did not offer baby vaccines as a community nurse came to the practice on Mondays to offer this service. At this inspection we found the locum nurse who had supported the practice on the previous three Tuesday's was providing baby immunisation appointments. On the day of inspection, we saw young children and babies attending for immunisations. Additional locum nursing staff were in the process of being appointed to ensure the provision was maintained.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included 338 health checks for new patients and NHS health checks for patients aged 40–74 years between June 2014 and March 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Inadequate

# Are services caring?

## Our findings

At our last inspection in February 2016, we found the practice had breached regulations which meant the practice need to make improvements. Concerns were raised in respect of the low patient's survey results and the lack of action taken to make improvements. There were also low numbers of carers identified when compared to census data which demonstrates there are approximately 10% of people acting as carers to family members, friends or others in the community. At this inspection we found limited improvements had been made to improve the services for patients.

**Kindness, dignity, respect and compassion**

At the inspections in October 2016, 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. However, at Dragon Cottage surgery patients reported clearly hearing the conversations from one of the consultation rooms directly off the waiting room.
- 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 practice had recently changed their 0844 telephone number to a local rate number. At the Dragon Cottage surgery inspection patients told us that they were not aware of the change of number. During the inspection we noted the new information was not advertised on the external sign at Dragon Cottage. We asked the practice manager how they advised patients of the phone number change. They told us that the practice had advertised the new number via the 0844 message, updated the website and practice stationary and displayed posters around the practice. However, at the time of inspection we noted that the new numbers had changed on the front page of the practice's website but on the appointments page the 0844 number was still displayed.

We received 18 comment cards, of which 10 were positive about the standard of care received. Eight of the comments cards were mixed or less positive about the practice. The concerns raised referred to not being able to access to same day and pre-bookable appointments, getting through on the telephone and rude reception staff.

We spoke with 10 patients during the inspection at Chiltern House Medical Centre and four patients at Dragon Cottage surgery. Six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, all six patients said they had experienced difficulty in accessing appointments or getting through on the phone. Eight patient responses were less positive and they shared concerns about accessing appointments, waiting times in the practice before their appointment and telephone access.

Results from the national GP patient survey showed patients did not feel they were always treated with compassion, dignity and respect. The practice survey results from December 2015 had declined from those seen in July 2016. Most were below average for the satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%. (A reduction of 6% since January 2016)
- 76% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%. (A reduction of 7% since January 2016)
- 94% 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%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.(A reduction of 7% since January 2016)
- 92% of patients said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 90% of patients said the nurse gave them enough time compared to the CCG and national average of 92%. (A reduction of 5% since January 2016)

Inadequate

# Are services caring?

- 95% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%. (A reduction of 5% since January 2016)
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 81%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. (A reduction of 7% since January 2016)

There had been no formal review of the patient survey or the decline in results since December 2015. The practice told us they had completed customer service training for reception staff but they were unable to provide further evidence of actions taken to improve the survey results and patient experience. On the day of inspection we asked the practice if they had reviewed the Buckinghamshire Healthwatch website feedback about Chiltern House Medical Centre and Dragon Cottage surgery. They were not aware of the feedback about the practice on the Healthwatch website. The feedback from the last four weeks demonstrated that ten patients were not satisfied with the service for varying reasons. These included appointments access, long wait times, a lack of privacy during some consultations at Dragon Cottage surgery and rude or uncaring staff.

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

Some patients told us they felt involved in decision making about the care and treatment they received. Not all patients told us they felt listened to and supported by staff and some reported that they did not have 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 responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 74% 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%. (A reduction of 9% since January 2016)
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%. (A reduction of 8% since January 2016)
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%. (A reduction of 7% since January 2016)
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 90%. (A reduction of 6% since January 2016)

The practice provided their last Friends and Family test results from February 2016. The latest available data showed that thirty eight patients responded and 16% of these patients said they were unlikely or extremely unlikely to recommend the practice to friends and family. However, results displayed on the practice website showed 49% of patients would not recommend the practice to friends and family.

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. A number of staff spoke different languages and could support patients with translations in Spanish, Urdu, Hindu, Punjabi and Nepalese.

On the day of inspection, some patients described how they were not involved in decisions about their care they did not receive adequate or timely support and advice about new diagnosis's.

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

Inadequate

# Are services caring?

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 52 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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.

Inadequate

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our last inspection in February 2016, we found the practice had breached regulations which meant the practice need to make improvements. Concerns were raised in respect of the low patient's survey results and the lack of action taken to make improvements. Complaints were not handled in a timely way. At this inspection we found improvements had been made to the management of complaints but patient survey results had declined and more patients were less satisfied with the service.

**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 offered extended hours appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or with multiple issues.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- All clinical staff were female, which restricted patient choice and the opportunity to see a clinician of the same gender, where appropriate.
- Chiltern House Medical Centre had taken patient feedback regarding confidentiality in the waiting room and had built a new reception area behind a glass front and opened up the waiting room. This had created a better space for patients to wait and meant confidential conversations were not overheard at the reception area.
- At Chiltern House Medical Centre there were disabled facilities, a hearing loop and translation services available. The carpark had dedicated disabled parking and level access to the practice. There was a lift to the second floor and mobility around the practice was satisfactory.
- Access to Dragon Cottage was limited for patients with a disability. We asked the practice to demonstrate how they identified patients who were disabled or had mobility issues. The practice manager told us that patient records had flags added to the system. We saw five patients with such flags added to their record.
- The practice had a minor illness nurse to support patients at both Chiltern House and Dragon Cottage.
- The practice provided services to a local care home with 55 residents. One partner visited the service on a weekly basis to support the health and care of the residents of the home.

**Access to the service**

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.30am to 1pm every morning and 2pm to 6pm daily. Extended surgery hours are offered on Monday evenings until 7.30pm at Dragon Cottage and Tuesday evenings until 7.30pm at Chiltern House. In addition to pre-bookable appointments could be booked up to two weeks in advance. However, patients were frequently and consistently not able to access appointments and services in a timely way. There were unacceptable waits for some appointments and services. Appointments for two weeks in advance were released daily. We saw how quickly these were taken on the day of release, meaning some patients were not able to easily access pre-bookable appointments. Urgent appointments were also available for people that needed them on the same day but patients advised that these were often taken by 8.40am. Some patients told us they came into the practice at 8:30am to ensure they could get an urgent appointment for that day.

We reviewed the appointment system and found:

- There were no pre-bookable appointments available on the day of inspection.
- We noted patients calling at 3pm in the afternoon were not able to access an urgent appointment that afternoon and reception staff had to explain they could call back the following day. Telephone consultations were not offered as an alternative option. We asked staff if this was a normal occurrence. They told us they were often in the position of not being able to offer appointments to offer patients and found this very stressful.

Inadequate

# Are services responsive to people's needs?

## (for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 75%. (A reduction of 5% since January 2016)
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%. (A reduction of 7% since January 2016)
- 29% of patients said they always or almost see or speak to the GP they prefer compared to the CCG average of 66% and the national average of 59%.

On the day before the inspection the lead inspector called the practice at 4:15pm to speak with the practice manager. They were kept waiting for 30 minutes before they were put through to a receptionist. Other patients on the day of inspection described how they waited up to 30 minutes to get through to the practice at different points in the day. They also shared how their queue position increased whilst they were on the phone and they felt they had to wait longer.

Patients told us on the day of the inspection that they were often unable to get appointments when they needed them.

There had been no formal review of the patient survey or the decline in results since December 2015. The practice told us they had undertaken an appointment access review but they had not considered demand to ensure the access for patients was adequate. They were unable to provide further evidence of actions taken to improve the survey results and patient experience.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

**Listening and learning from concerns and complaints**

The practice had 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 system Complaint leaflets were on display in reception and information was available on the practice website.

We looked at fourteen complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. 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, a number of patients from the Dragon Cottage surgery had submitted a joint complaint, using social media. The concerns were around the condition of the premises, access, receptionist behaviour and the availability of appointments. The practice sent letter outlining the concerns and actions taken to address these. For example, making changes to the 0844 telephone number and providing training for reception staff.

# Are services well-led?

Inadequate

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

## Our findings

At our last inspection in February 2016, we found the practice had breached regulations which meant the practice need to make improvements. Concerns were raised in respect of governance frameworks and systems to monitor the quality and safety of the service; clinical audit and continuous improvement; risk management; record keeping and identifying and acting on patient feedback. A patient participation group was in the process of being formed. The higher level of risk was a result of significant changes in the practice and NHS England had been offering support to the practice since January 2016. An action plan had been developed by NHS England and the practice and this was in progress at the February 2016 inspection. At this inspection we found minor improvements had been made but the remaining actions were unsatisfactory and further concerns and breaches in regulation were identified. The delivery of high quality care and services was not assured by an effective leadership team and governance systems.

**Vision and strategy**

At the inspections in October 2016, we found:

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, this was not ensured through the practices leadership approach or governance framework. The practice strategy was not regularly monitored.
- A recent practice away day looked at the vision and values with the whole practice team to facilitate their development and to raise staff awareness.
- Partners of the practice described how they were looking for alternative sites to relocate the practice. On the day of inspection, these plans were in very early development stage and only one location had been identified for a new Dragon Cottage surgery site. There were no formal written plans to outline the changes.

**Governance arrangements**

The practice had some governance processes but these failed to support the delivery of the strategy and good quality care and services to patients.

- There was a clear staffing structure and most staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. At the last inspection not all policies had been reviewed and updated. At this inspection, some policies had been reviewed but not all had been updated.
- A comprehensive understanding of the clinical performance of the practice was maintained. Clinical meetings had been reintroduced and staff reported that they welcomed the meetings to support improved care for patients.
- Limited continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had reinstated a clinical governance policy. The improvements to the clinical improvement strategy had only been discussed at a meeting in October 2016, seven months after the last inspection. Therefore, it was too early to assess any improvement.

There were ineffective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Significant issues that threatened the delivery of safe care and services were not identified or adequately managed. This included risk assessments being undertaken and actions not being completed. For example:

- Fridge temperature recording was inconsistent and the practice had not followed their own policy when records highlighted a risk.
- Legal documentation to support the safe delivery of immunisations and vaccinations were out of date.
- Medicines checks had not identified out of date items at Dragon Cottage surgery.
- Risk assessments and accessibility concerns from patients had not been fully identified or addressed to improve physical and appointment access.
- The cleanliness of Chiltern House Medical Centre was also poor.
- A disability discrimination act (now formally known as the Equality Act) assessment had been completed but this did not identify all of the risks for patients with a disability or mobility difficulties. Some actions had been taken but were not effective in ensuring all patients could access Dragon Cottage surgery safely.

**Leadership and culture**

# Are services well-led?

Inadequate

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

On the day of inspection the partners and management in the practice were unable to demonstrate that they had the experience, capacity and capability to make measurable and sustainable change to ensure high quality services for patients. The practice had been through significant changes in the previous six years and the level of concerns and risk at the practice were identified by NHSE in 2015. Whilst the practice had faced considerable challenges the leadership team had failed to ensure that their management and leadership interventions resulted in satisfactory improvement. For example, some elements of governance systems and processes had worsened since the last inspection and there was a limited culture of recognising risk and taking appropriate and timely action.

There was a leadership structure in place. The partners and management team reported a culture of openness, honesty and transparency. However, some staff did not feel the management team were supportive and communication was limited or not always clear.

- Whilst the partners and management team reported that they encouraged all members of staff to identify opportunities to improve the service this was not in line with staff feedback on the day of inspection.
- Staff feedback was mixed from the inspection staff questionnaire. Some of the team told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Four members of staff reported there was a challenging culture that they did not feel confident or supported in raising concerns as when they had done so previously no action was taken.
- Staff reported that often there were no managers on site to support with any more urgent queries or dissatisfied patients.
- They felt that there was little recognition of staff that go above and beyond to help patients and deal with their concerns.
- Staff members reported poor management communication which led to staff uncertainty in the practice improvements and developments.
- Four members of staff told us the practice held regular team meetings. We reviewed the minutes of clinical, strategy, reception team, QOF and NHS England oversight meetings.

The GP partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of and had some 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 practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

The practice were not always proactively seeking patients' feedback or engaging patients in the delivery of the service. Leaders of the practice were out of touch with patient feedback and the decline in the national GP patient survey results, poor feedback on the Healthwatch Buckinghamshire website and NHS Choices. On the day of inspection they reported positive feedback from patients and very little action had been taken to make long term and sustainable improvements to the commonly raised concerns of appointment availability, telephone access and long wait times.

- In February 2016, the practice had started to form a patient participation group (PPG). At this inspection, we saw the practice had held the first meeting with the new members of the group in June 2016. As the PPG was still in a developmental stage it was too early to assess improvements made.
- The practice had gathered feedback from patients through surveys and complaints received. Actions from complaints was undertaken, however feedback from patients had not always been fully addressed.
- The practice had gathered feedback from staff through an annual staff survey, staff away days and generally through staff meetings and discussion.

# Are services well-led?

Inadequate

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

- We saw the results of a staff survey from September 2016. Twelve staff responded to the survey and the results were mixed. Staff could see themselves working at the practice in ten years' time but 11 members of staff felt moderately valued or less; 100% of staff felt they worked under pressure some of or all of the time; 75% of staff said they sometimes or never able to complete their work in the contracted hours and all staff showed some dissatisfaction with the communication in the practice.

**Continuous improvement**

There was limited evidence of continuous improvement. The practice was unable to demonstrate that their action plan developed with NHS England and the processes to demonstrate improvement had been made or satisfactorily embedded, since the inspection in February 2016.

Practice staff had received training and updates since the last inspection.

This section is primarily information for the provider

# Enforcement actions

## 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<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment<br>**How the regulation was not being met:**<br>The provider had not ensured the proper and safe management of medicines.<br>Prescription security did not meet up to date guidance from NHS Protect.<br>Medicines were found to be out of date.<br>Fridge temperature monitoring was ineffective to ensure the safety of vaccines.<br>Patient group directives were out of date to ensure the safe administration of vaccines.<br>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.:<br>Premises and Equipment<br>**How the regulation was not being met:** |

This section is primarily information for the provider

# Enforcement actions

The provider had not ensured that all the premises were clean and suitable for the purpose for which they were used.

Cleanliness and hygiene were unsatisfactory at the Chiltern House location.

At Dragon Cottage the disability discrimination assessment had not identified satisfactory change to ensure all patients could access the practice.

This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

| Regulated activity | Regulation |
| --- | --- |
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Staffing<br>**How the regulation was not being met:**<br>The provider did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed.<br>Nursing hours were reduced due to absence, which led to concerns of nursing responsibilities in regulation 12 and 17.<br>This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |