

Chiltern House Medical Centre

Quality Report

Chiltern House Medical Centre

45-47 Temple End

High Wycombe

Buckinghamshire

HP13 5DN

Tel: 01494 439149

Website: www.chilternhousemedicalcentre.co.uk

Date of inspection visit: 10 January 2018

Date of publication: 19/02/2018

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Chiltern House Medical Centre	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection at Chiltern House Medical Centre in High Wycombe, Buckinghamshire on 18 and 24 October 2016. The overall rating for the practice was inadequate. We used our enforcement powers to take action against the breaches of regulations including issuing three warning notices. We placed the practice in special measures to enable the practice to improve. The significant levels of concern led to three conditions being added to the registration of the practice. The conditions were imposed to ensure timely and sustainable improvement was made.

We undertook a second comprehensive inspection on 6 June 2017. This inspection was undertaken to determine whether the breaches of regulation requirements had been addressed following the inspection in October 2016. Whilst improvements had been made in relation to some of the concerns highlighted at the last inspection, there were areas relating to providing safe, effective, caring and well-led services which constituted continued breaches of regulations. The overall rating of the practice remained as inadequate, specifically inadequate for the provision of safe, effective, caring and well-led services. The practice was rated good for providing responsive services. The issues identified at the inspection impacted the care provided to all population groups which were also rated as inadequate.

We carried out an announced comprehensive inspection on 10 January 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Chiltern House Medical Centre meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection in January 2018 we found that significant improvements had been taken to improve the provision of care and treatment. Overall the practice is now rated as good.

Following the January 2018 inspection, the key questions are rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

- Older People – Good
- People with long-term conditions – Good
- Families, children and young people – Good

Summary of findings

- Working age people (including those recently retired and students) – Good
- People whose circumstances may make them vulnerable – Good
- People experiencing poor mental health (including people with dementia) – Good

Our key findings at this inspection were as follows:

- It was evident the practice had gone through a period of transition including the implementation of a new management team. Positive changes had been made to the leadership team. The managing GP partner had a more active role in the management and leadership of the practice. Staff we spoke with recognised the endeavours of the new leadership team and were keen to be part of the new developments.
- The practice now had a clear vision that had improvement of service quality and safety as its top priority. The practice fully embraced the need to change, high standards were promoted and there was good evidence of team working.
- Significant improvements to risk management had been made and risks to patients were now being assessed and managed. This included concerns from the previous inspections.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, there was a comprehensive sepsis decision support tool. Sepsis is a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death. We saw there was a proactive approach to anticipate and manage the risk of sepsis.
- Improved systems now ensured patients received timely reviews where treatment or interventions may be required. This included a review of pathology results (pathology is the medical speciality relating to the diagnosis of disease based on the laboratory

analysis of bodily fluids such as blood and urine), a review of patients on more than four repeat medicines and annual health checks for patients with learning disabilities.

- Data showed most patient outcomes were similar when compared to local and national averages. The practice reviewed and monitored patient outcomes through the use of a clinical effectiveness plan which planned appropriate actions to identify and improve patient's health and well-being.
- Revised systems to seek, act and monitor feedback. The practice had undertaken various actions to identify and act on patients' concerns reflected in the July 2016 national GP survey and more recently the July 2017 national GP survey. Feedback from patients relating to access to services and the quality of care had improved. This was corroborated by written and verbal feedback collected during the inspection.

The areas where the provider **should** make improvements are:

- Continue to improve patient recall and reviews for patients with a learning disability. Specifically, increase uptake for patients with a learning disability attending or having a completed health check.
- Continue to seek feedback and improve engagement with patients whilst reviewing the outcomes of patient feedback including patient surveys to determine appropriate action with a view to improving the patient experience.
- The leadership team should continue to review and sustain the improvements made to the overall governance and management of the practice.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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

Chiltern House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included GP specialist adviser and a nurse specialist adviser.

Background to Chiltern House Medical Centre

Chiltern House Medical Centre provides primary care GP services to approximately 8,250 patients across two locations in the High Wycombe area. The list size had reduced due to a condition imposed by Care Quality Commission (CQC) not to register new patients other than new born babies without written permission from CQC.

The two locations are Chiltern House Medical Centre and the branch practice known as Dragon Cottage, the patient list is split equally between the two sites and patients can see a GP or nurse at either site.

Services are provided from two locations:

- Chiltern House Medical Centre, 45 – 47 Temple End, High Wycombe, Buckinghamshire HP13 5DN
- Dragon Cottage, 35 Browns Road, Holmer Green, High Wycombe, Buckinghamshire HP15 6SL

During our inspection we visited the main surgery (Chiltern House Medical Centre) and the branch surgery (Dragon Cottage).

The practice website is:

www.chilternhousemedicalcentre.co.uk

Both 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 the patient population of this area is older than national average. There are a high percentage of patients from ethnic minority backgrounds at Chiltern House Medical Centre. The practice has the highest proportion of unemployed patients registered in the CCG at 6.4% compared to the England average of 4.4%.

Chiltern House Medical Centre is located in a 17th century grade II listed building and Dragon Cottage Surgery is located in an old residential dwelling in the Holmer Green area of High Wycombe.

The practice has undergone many operational and staff changes in the last four years. In the last six months the practice had appointed a new Registered Manager, a GP Partner had become the Senior GP Partner with additional management duties and the business manager was now the practice manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The practice has two GP partners (both female), three salaried GPs (all female), a long term male locum GP, a female pharmacist, a nurse practitioner and a health care assistant (both female). The practice continued to utilise short term locum GPs and nurses until permanent

Detailed findings

recruitment was successful. The clinical staff are supported by a practice manager, patient services manager, IT support manager and a team of reception, administration and secretarial staff.

Chiltern House Medical Centre is open between 8.00am and 6.30pm Monday to Friday. Dragon Cottage is open between 8.00am and 6.30pm Monday to Friday with the

exception of Thursdays when the branch practice closes at 1pm. Extended surgery hours are offered on Tuesday evenings until 8pm at Chiltern House Medical Centre. 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.

Are services safe?

Our findings

At our previous inspections in October 2016 and June 2017, we rated the practice as inadequate for providing safe services. Concerns included patients on long term medicines were not always reviewed to ensure they were safe to continue taking their prescriptions, staff background and qualification checks were not always taking place and infection control guidance was not being followed.

Furthermore, although there were safeguarding processes and training for staff we found an instance where safeguarding processes were not followed. The safeguarding lead at the practice only worked two sessions each week, this may have resulted in a delay for staff seeking safeguarding advice and guidance.

These arrangements had significantly improved when we undertook our inspection on 10 January 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had improved existing systems to keep patients safe and strengthened safeguarded arrangements to keep patients safe from abuse.

- The practice conducted risk assessments. We saw examples of policies which were specific to the practice and locality. These were easily available to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. This included a review and improvement to the existing safeguarding arrangements. For example, we saw the practice had changed the safeguarding lead; previously the safeguarding lead was in the practice for two sessions a week. The new safeguarding lead was in the practice for four sessions a week, they had the appropriate level of safeguarding training and we saw this change was reflected in the safeguarding policy. All staff we spoke with demonstrated they understood this change and their individual responsibilities regarding safeguarding. To further strengthen the safeguarding arrangements we saw the practice had used a

recognised tool to audit their systems and processes relating to safeguarding children and young people. This tool led to the implementation of a domestic violence policy and corresponding training.

- The practice carried out relevant staff checks, specifically the arrangements for recruitment and personnel records had been reviewed by the practice. The practice had addressed concerns regarding gaps in recruitment correspondence. For example, with the exception of two members of staff, all practice staff including the three newly recruited salaried GPs had appropriate checks through the Disclosure and Barring Service (DBS). (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). Until the DBS check for the two remaining members of staff had been completed, we saw a formal risk assessment had been completed which monitored and assessed any potential risks.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control including yearly infection prevention control audits. The most recent showed high levels of compliance with infection control standards. We found the premises to be clean and tidy at both sites visited. Staff had an awareness of infection control relevant to their role. For example, reception staff had a process to follow for handling samples. Specific improvements included the provision of disposable gloves (used when taking receipt of specimens and samples) and installing a clinical refrigerator (to store specimens and samples) which replaced the domestic refrigerator. These actions reduced the likelihood of potential contamination risks and were implemented at both the main practice and the branch practice. There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included annual calibration of medical equipment.

Risks to patients

There were improved systems to assess, monitor and manage risks to patient safety.

Are services safe?

- There were arrangements for planning the number and mix of staff via staffing rotas. The recent appointment of three salaried GPs addressed previously identified risk of not having enough staff to provide appointments. The practice continued to experience nurse recruitment difficulties, until a permanent solution was found the practice had assessed and mitigated potential risks and employed locum nurses to increase appointment capacity.
- There was an effective induction system for temporary staff tailored to their role. This system and corresponding paperwork had been revised to include the recent changes within the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Training records indicated and staff we spoke with knew how to identify and manage patients with severe infections, for example, there was a sepsis decision support tool in all the treatment and consultation rooms. Sepsis is a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death. Staff spoke highly of the recent sepsis educational session led by one of the GPs. Furthermore, we also saw patient literature in the waiting areas which contained key information for patients about sepsis, including the red flag symptoms and risk factors.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and stored for patients.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw evidence that immediately after the June 2017 inspection, all outstanding pathology results were reviewed and actioned by the GP Partners. To prevent any future backlogs and potential risk of delayed reviews we saw one of the practice administrators had received training and allocated designated protected time to monitor and distribute pathology results. We saw patients now had their pathology results reviewed in a safe and appropriate time period.
- Referral documentation was dealt with in a timely way.

Safe and appropriate use of medicines

The practice had implemented an action plan to improve the uptake of reviews undertaken for patients on repeat medicines. There were systems for appropriate and safe handling of medicines within the practice.

- The systems for managing medicines, including vaccines, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- As part of the action plan to increase the number of medicine reviews completed, the practice had been in regular contact with Care Quality Commission, the local clinical commissioning group (CCG) and NHS England. We saw improvements had been made and the practice was now safely reviewing patients on four or more medicines and less than four medicines (repeat prescriptions). For example, in June 2017 the number of patients on four or more medicines who had a medicines review was 76%, in September 2017 this increased to 81% and at the January 2018 inspection this had further increased to 89% (an overall improvement of 13%). Similarly, the number of patients on less than four medicines who had a medicines review had increased; from 56% at the June 2017 inspection to 71% in September 2017 and at the January 2018 inspection this had further increased to 82% (an overall improvement of 26%). This was now in line with local and national averages for medicine reviews. These reviews had been completed by the GPs and the clinical pharmacist. We saw systems had been implemented to ensure this level of medicine reviews continued.
- Where patients were under shared care arrangements for the initiation or ongoing treatment of conditions requiring the prescribing of high risk medicines, we saw evidence that these patients were being monitored effectively.
- Medicines were administered by non-prescribing nurses with the appropriate authorisation and monitoring from GPs.

Track record on safety

The practice assessed and managed safety issues.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. This included risks related to fire, control of substances hazardous to health, asbestos and the safety of the water supply.
- Throughout the period of significant changes (specifically since the June 2017 inspection) to the delivery of services and the staff which delivered care and treatment, we saw the practice assessed and monitored each change and the impact it had on safety. This was managed through a series of interlinked action and improvement plans.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency cascade information and contact numbers for staff. We saw the plan was used effectively when managing two recent incidents, adverse winter weather in December 2017 and the temporary loss of the telephone system in January 2018.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we reviewed an event which highlighted a sharps bin had been incorrectly assembled. A sharps bin is a specially designed rigid box with a lid to dispose of used needles or sharps. The practice undertook an investigation; this led to awareness and refresher training session and a sharps bin audit. We reviewed the audit findings and saw all rooms at both practices had been checked and the sharps bins were correctly assembled with full adherence to the sharps disposal policy. During our inspection, we also reviewed the sharps bins and similar to the audit findings, we saw all sharps bins were correctly assembled.
- There was a significant event monitoring log which indicated what action was taken in response to each event. Investigation outcomes were shared with relevant staff.
- We reviewed medicine and other safety alerts and found they were recorded, and shared with relevant staff. This process was managed by the in-house pharmacist. We saw alerts were discussed at meetings.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in October 2016, we rated the practice as requires improvement for providing effective services and in June 2017 we found further concerns and rated the practice as inadequate for providing effective service. Concerns included a lack of a focus on prevention and early identification of health needs, limited evidence the practice monitoring patients care and treatment, repeat prescribing was not always managed appropriately and medicine alerts were not responded to promptly.

We also found the arrangements to manage staff training and qualifications were not monitored and end of life care needed improving.

These arrangements had significantly improved when we undertook our inspection on 10 January 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians (GPs, nurses and pharmacist) assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed in line with local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.6. This was similar when compared to the CCG average (0.7) and national average (0.9). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the

treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.

- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 1.02. This was similar when compared to the CCG average (0.99) and national average (1.01). Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was also similar (6%) when compared to local (5%) and national averages (5%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Clinical staff and prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats).

Older people:

- The practice provided GP services to a local residential home, approximately 60 patients. A designated GP held a weekly session at the home to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues. We saw the reviews included discussions regarding End of Life care, Power of Attorney and DNACPR decisions where appropriate.
- The practice had recently completed a medicine optimisation project reviewing and improving the quality and safety of medicines used in the residential home. This project had resulted in a £21,000 saving, 18 interventions on medicines with high risk of admission, 35 interventions reducing falls and identified and resolved three medication errors.
- Patients aged over 75 were invited for a health check. This included a medication review, annual chronic disease check, blood tests and immunisations if required. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

Are services effective?

(for example, treatment is effective)

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long-term conditions:

- The number of patients registered at Chiltern House Medical Centre with a long-standing health condition was 60%. This was higher when compared to the local CCG average (49%) and similar to the national average (54%).
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, one of the GPs had received additional training to initiate and manage therapy with insulin within a structured programme that includes dose titration by the person with diabetes.
- Performance from 2016/17 for diabetes related indicators showed the practice had achieved 82% of targets which was lower when compared to the CCG average (95%) and the national average (91%). To ensure diabetes performance and outcomes improved, the practice had a specific diabetes improvement action plan to ensure all 449 patients with diabetes had their care and treatment monitored. We saw up to date diabetes performance data which indicated the practice had already achieved 77% of diabetes related indicators (with a 12 week collection period remaining) and there was a revised recall system in place to continue to improvements. To further improve diabetes related treatment, the practice had a range of completed and live diabetes clinical audit activity.
- Performance from 2016/17 for chronic obstructive pulmonary disease (COPD) related indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (97%) and the national average (96%).
- Chiltern House Medical Centre had commenced a Care and Support Planning concept to empower patients to proactively manage their long term conditions.

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were higher when compared to the national averages. For children under two years of age, four immunisations have performance measured per GP practice; each has a target of 90%. The practice achieved the target in all four areas; in all four areas the practice scored over 95%. Similarly, immunisation data for children aged five, was higher than national averages.
- The practice had arrangements to identify and review the treatment of newly pregnant women. The practice also provided postnatal care for new mothers and six week checks for babies as a joint appointment with the same GP.

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

- The practice's uptake for cervical screening was 80%, which was similar when compared to the local CCG (82%) and national average (81%). Patients who did not attend for screening were followed up by the practice.
- The practice had systems for eligible patients to have the meningitis vaccine. The meningitis ACWY vaccines offers protection against four types of bacteria that can cause meningitis – meningococcal groups A, C, W and Y. Young teenagers, sixth formers and "fresher" students going to university for the first time were advised to have the vaccination.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. A health care assistant had been appointed in December 2017 and their main role within the practice was to complete the health checks and arrange the appropriate follow-ups on the outcome of health assessments and checks.

People whose circumstances make them vulnerable:

- Improvements had been made and we saw End of Life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had made significant improvements in the care and treatment of patients with a learning disability.

Are services effective?

(for example, treatment is effective)

There were 63 patients on the learning disabilities register, all 63 patients had been invited to attend a health check, of which 32 (approximately 51%) had a health check within the last 12 months. The remaining 31 patients had been contacted on further occasions inviting them to attend a health check. In total, this was a 46% increase since the previous inspection in June 2017. Previously there was a risk to these patients as they may have undiagnosed conditions or exacerbations of existing conditions which required treatment. Since the June 2017 inspection the practice had developed an action plan and created a designated learning disability team consisting of the practice manager, patient services manager, clinical leads and GPs to deliver the objectives of the plan. To further consolidate the action plan and the learning disability register we also saw the practice was working collaboratively with the local learning disability nursing team.

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

- Performance for mental health related indicators showed the practice had achieved 99% of targets which was similar when compared to the CCG average (97%) and national average (94%). This was an 18% improvement on the previous year's data.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was similar when compared to the local CCG average (93%) and national average (90%).
- Performance for dementia related indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (100%) and national average (97%). This was a 7% improvement on the previous year's data.
- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower when compared to the local average (87%) and the national average (84%). The practice was aware of the low number of completed dementia care plans and was working with the CCG dementia lead to improve dementia outcomes including dementia diagnose and completion of care plans.

Monitoring care and treatment

The practice reviewed the effectiveness and appropriateness of the care provided. We saw a live document known as the clinical effectiveness plan which planned appropriate actions to identify and improve patient's health and well-being.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, we reviewed the practices audit with regards the National Diabetes Audit. This audit is a major national clinical audit which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards. We reviewed the findings of this audit which indicated significant improvements in how the practice supported the health outcomes for people with diabetes.

There was evidence of increased quality improvement activity throughout the practice; this activity was captured through a series of clinical audits. Since the June 2017 inspection, there had been a variety of clinical audits, 10 audits in total and three of the audits were completed two cycle audits.

One of the completed audits we saw was an audit of medicines used in the management of diabetes. The first cycle was completed in January 2017 and the second cycle of the audit was completed in December 2017. The findings at the first cycle showed 96% of patients were receiving diabetes reviews and on the correct medicine. These findings were shared with the clinical team and action taken to improve patient outcomes, for example patients were invited for a review.

The findings at the second cycle indicated these actions were effective and 100% (all 56 patients) were now in receipt of diabetes reviews and on the correct medicines to manage their diabetes. Therefore, the completed audit highlighted the practice was working to national diabetes standards.

The most recent published Quality Outcome Framework (QOF) results were 95% (a 2% increase on the previous years QOF achievement) of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 8% compared with the local CCG average of 8% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is

Are services effective?

(for example, treatment is effective)

the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

We saw the practice was working with the CCG and introduced a care and support approach for the care of many long term conditions. As part of this plan, the practice had trained clinical members of staff in care and support planning and was a significant shift away from QOF reporting. This would be reflected in the QOF performance for 2017/18.

Effective staffing

Support for staff to develop their knowledge, skills and experience to enable them to deliver good quality patient care had been embedded. As a result we saw staff had the skills, knowledge and experience to carry out their roles.

- To sustain the implemented changes in the management team, we saw two junior members of the management team had started a management course. The aim of this course was to consolidate their experience and develop their leadership skills in preparation to take on more responsibility.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop. We saw a variety of training certificates which demonstrated training had been completed.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for nurse revalidation. For example, the health care assistants were completing the requirements of the Care Certificate. The Care Certificate is designed for non-regulated workers and gives confidence that workers have the same induction - learning the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, for example the pharmacist was supported by all GPs, specifically by the GP partners prescribing lead.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Where appropriate the practice referred patients to the multidisciplinary assessment service (MuDAS). MuDAS provides GPs with access to specialist medical staff to support patients to stay at home and avoid being admitted to hospital. We saw the practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The referral system operated by administration staff ensured that urgent referrals were dealt with the same or next day. During the inspection we reviewed the system and saw there was no backlog of urgent or routine referrals.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. We saw 17 patients were on the End of Life register and all 17 (100%) had an up to date care plan; this was a 46% improvement on the findings at the June 2017 inspection. When appropriate we saw these were discussed at quarterly Multi-Disciplinary Team palliative care meetings.
- In the previous 12 months we had received concerns from patients that prescriptions were not being processed in a timely way or inaccurately processed. During the June 2017 inspection and January 2018 inspection we saw that patients' repeat prescription requests were being processed effectively and that the process ensured patients received the correct medicines. In January 2018, we spoke with a local pharmacy who informed us they had not experienced

Are services effective?

(for example, treatment is effective)

any routine problems with the practices prescriptions. Similarly, patient feedback collected and feedback from the local care home informed us they were able to receive completed prescriptions from the practice in good time.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns, healthy eating, sexual health, stop smoking campaigns and tackling obesity. For example, the practice held a drop in sexual health clinic, specifically for patients aged 16-24 which included sexual health advice and chlamydia and HIV testing. Furthermore, the practice held an evening hypertension (also known as high blood pressure) drop in clinic which included testing and preventive advice.
- The practice had revised the provision of flu clinics for the flu season 2017/18. This resulted in five flu clinics at a local community centre alongside pre-booked appointments at either practice. A variety of external agencies were invited to these clinics for opportunistic health and well-being advice.

- Information from Public Health England showed 99% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (97%) and the national average (95%). Smoking cessation advice was provided opportunistically and through clinics run by the clinical pharmacist and health care assistant.

Further data from Public Health England indicated success in patients attending national cancer screening programmes:

- 76% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (77%) and the national average (70%).
- 53% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar when compared to the CCG average (58%) and national average (55%).

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We saw practice staff had received mental capacity training appropriate to their roles.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our previous inspections in October 2016 and June 2017, we rated the practice as inadequate for providing caring services. Concerns included low levels of patient satisfaction, data from the national GP patient survey showed patients had rated the practice lower than others for some aspects of care; the practice had made little improvement to ensure improvements were made to areas of concern in the patient surveys, on NHS Choices website or through NHS Friends and Family tests.

We also found the arrangements to support patients with caring responsibilities needed improving.

These arrangements had significantly improved when we undertook our inspection on 10 January 2018. The practice is now rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- Written and verbal patient feedback commented practice staff gave patients timely support and information. All staff showed genuine empathy and respect for patients, both on the telephone and face to face.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Signage advising this was available was clearly displayed at both practices.
- All of the 83 patient Care Quality Commission comment cards we received and the five patients we spoke with were positive about the service experienced. Written and verbal comments we received advised the practice had made significant and notable improvements in the last 12 months. Furthermore, patients highlighted many specific actions and appointments (of new staff) which they believed improved the care provided.

We also received positive feedback from external stakeholders who accessed GP services from the practice. For example, the care home highlighted practice staff; specifically the designated GP was respectful, supportive, compassionate and caring. The care home also acknowledged the practice had made improvements which benefited the 60 residents and the staff at the care home.

This positive feedback and theme of improvement did not align with the majority of the results published in the July 2017 annual national GP patient survey. However, the survey was completed between January 2017 and March 2017, a period before the significant changes within the practice and before many of the improvements had commenced. In total, there had been 265 surveys sent out and 113 were returned. This represented approximately 1.3% of the practice population.

- 70% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average (89%) and the national average (89%).
- 61% of patients who responded said the GP gave them enough time; CCG average 86%; national average - 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 97%; national average - 95%.
- 63% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 85%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; CCG average - 91%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG average - 92%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 97%; national average - 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 92%; national average - 91%.
- 60% of patients who responded said they found the receptionists at the practice helpful; CCG average - 84%; national average - 87%.

Are services caring?

The practice reviewed all patient feedback collected; this included the GP patient survey results, NHS Friends and Family test results and feedback left on the NHS Choices website. We saw the feedback, including emerging themes and patterns was discussed at monthly quality assurance meetings and remedial action implemented. Actions included:

- The launch of an in-house patient survey, using questions similar to the national survey. This survey was completed every three months (with approximately 150 responses every three months) to review the impact of the implemented changes.
- A customer service training programme for all of the reception and patient services team.
- The successful recruitment of two full time GPs, the practice were confident the customer service skills of GPs will improve following the additions to the clinical teams.

The most recent in house survey results we reviewed were collected in October 2017, November 2017 and December 2017. We saw clear and demonstrably improvements. For example:

- 77% of patients said the GP was good at listening to them; this was a 7% improvement on the national survey.
- 76% of patients said the GP gave them enough time; this was a 15% improvement on the national survey.
- 94% of patients said they had confidence and trust in the last GP they saw; this was a 3% improvement on the national survey.
- 92% of patients said the nurse was good at listening to them; this was a 6% improvement on the national survey.
- 90% of patients said the nurse gave them enough time; this was a 1% improvement on the national survey.
- 84% of patients said they found the receptionists at the practice helpful; this was a 24% improvement on the national survey.

This improvement was also noted in a recent visit and subsequent report compiled by Healthwatch Bucks. In September 2017, Healthwatch Bucks visited Chiltern House Medical Centre to carry out an Enter and View visit. These visits are part of the local Healthwatch programme and

involve visiting health and social care services to find out how they are being run and make recommendations where there are areas for improvement. Healthwatch Bucks visited both the main practice and the branch practice – covering morning, afternoon and evening sessions. The visit included discussions with 22 people using the practice, in summary there was a general feeling that things were improving. Furthermore, some people had thought about changing their GP practice but were glad they had not.

We reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- At the June 2017 inspection, in the months January 2017 - June 2017, there had been 25 responses of which 68% of patients were likely or extremely likely to recommend the practice and 20% of patients were extremely unlikely to recommend the practice.
- At the January 2018 inspection, for the full 12 months in 2017, there had been 66 responses of which 70% (increase of 2%) of patients were likely or extremely likely to recommend the practice and 12% (decrease of 8%) of patients were extremely unlikely to recommend the practice.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and all staff had a comprehensive awareness of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Staff spoke clearly of the different steps involved to ensure patients who have a disability, impairment or sensory loss received information that they can easily read or understand and get support so they can communicate effectively. For example, staff described how patients were identified if they had communication needs, this was then recorded and steps taken to make sure patients received information which they can access and understand and receive communication support if they need it.

Are services caring?

- Patient literature was displayed throughout the practice, informing patients about the Accessible Information Standard and patient facing staff we spoke with told us how they encourage patients and their carers to inform staff of their communication needs.
- There was significant ethnic diversity within the patient population, notably patients with an Asian background and a growing number of Eastern European patients. All staff we spoke with were aware that translation services were available for patients who did not have English as a first language. During the inspection, we saw notices informing patients that this service was available. Patients were also told about multi-lingual staff that might be able to support them. We saw the provision of patient information leaflets and notices had been reviewed. Patient literature was available in the patient waiting area which told patients how to access a number of support groups and organisations. Leaflets were now available in languages consistent with the variety of cultures in High Wycombe.
- Staff helped patients and their carers find further information and access community and advocacy services, including information and patient literature from Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire). The practice had invited Carers Bucks to attend the flu clinics to provide support to carers.

The practice's computer system alerted GPs if a patient was also a carer. In June 2017, the number of identified carers was 86. Since the June 2017 inspection, all practice staff had received bespoke carer awareness training and the practice had appointed a member of staff as a carers champion, this role helped connect vulnerable patients with care and support in the community, and provide coordinated, effective non-medical support identified patients who were carers. During the January 2018 inspection, we saw the practice had identified 236 patients as carers, this equated to approximately 3% of the practice list.

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

Results from the national GP patient survey (collection period January 2017 - March 2017) showed patients satisfaction to questions about their involvement in planning and making decisions about their care and treatment was lower when compared to local and national averages. However, the most recent in-house survey (collection period October 2017 - December 2017) indicated improvement. For example:

- 63% of patients who responded said the last GP they saw was good at explaining tests and treatments; CCG average - 88%; national average - 86%. The in-house survey indicated an 11% improvement to the same question.
- 55% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 82%; national average - 82%. The in-house survey indicated an 8% improvement to the same question.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 90%; national average - 90%.
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 86%; national average - 85%.

The practice was confident now staffing issues had been addressed and stabilised patient satisfaction would continue to improve.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- At both the main practice and the branch practice we heard music was played near consultation rooms and reception areas to reduce the risk of confidential conversations being overheard.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in October 2016, we rated the practice as inadequate for providing responsive services. In June 2017 we found improvements had been made and rated the practice as good for providing responsive services. Specifically, we found the practice had improved its understanding of its population profile and had used this understanding to improve its services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and continued to tailor services in response to those needs. For example, in order to improve access, the practice had revised extended opening hours from GP only appointments to include a greater skill mix. For example, extended hours appointments could now be booked for nursing procedures, family planning, travel clinic and long term condition management.
- Communication with patients had improved. Through communication methods such as the patient participation group, newsletters, text messaging and a 'you said, we did' display board in both practices which reflected the changes made as a result of patient feedback.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided GP services to a local residential home, approximately 60 patients. A designated GP held a weekly session at the home to review patients with non-urgent health problems.
- GPs also provided home visits for those who had difficulties getting to the practice.
- Patients over 65 were offered flu vaccination.

People with long-term conditions:

- The practice was fully aware of the challenges within the local health economy, specifically the high prevalence of

long standing health conditions, for example diabetes. The number of patients registered at the practice with a long-standing health condition was 60%. This was higher when compared to local average (49%) and national average (54%). The practice was responding to the needs of these patients which included focused diabetes clinical audits, additional diabetes training and ongoing discussions with national diabetes groups with a view of future project work.

- Patients with diabetes could use email contact with their GP for ease of communicating their blood glucose readings.
- In addition to routine appointments, additional long term condition appointments were allocated with an aim to provide access for patients requiring long term condition reviews.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All children aged three and under had same day access as 'extra patients' even if clinics were fully booked. We saw data that showed the practice had the lowest usage of the Out of Hours GP service and the second lowest A&E attendance for under children under five in the local area.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, the appointment system had been amended to ensure appropriate appointments were available.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone and email (where appropriate) consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice website was clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice had responded to patient feedback regarding the telephone system and appointment booking. This included additional GP appointments provided via additional GP locums and the salaried GPs who were appointed in September 2017.
- We found patients now had access to initial assessment, test results, diagnosis and treatment. During the inspection we saw GP and nurse appointments were still available on the day of the inspection and rest of the week.
- Waiting times, delays and cancellations had reduced and were managed appropriately.

People whose circumstances make them vulnerable:

- 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.

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

- The practice offered flexible longer appointments for patients with complex mental health needs.
- The practice was working towards becoming dementia friendly. Practice staff had additional dementia training and all staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.
- A review of premises in terms of the experience for patients with dementia had been undertaken. This led to changes such as more distinct colour differentiations in toilets to help patients with dementia navigate their surroundings.
- To ensure patients with dementia received appropriate care and treatment, the practice had completed additional work in diagnosing dementia. We saw the dementia diagnosis rate had improved, from 42% in March 2016 to 51% in April 2017.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system and online appointment system was easy to use.

At both the June 2017 inspection and the January 2018 inspection, we received a variety of comments which highlighted access to services at the practice had significantly improved. Patient feedback we received referred to wholesale changes and improved levels of satisfaction, specifically around telephone access and availability of appointments. This was also reported in the Healthwatch Bucks Enter and View visit in September 2017.

However, this positive feedback and theme of improvement did not align with the results in the July 2017 annual national GP patient survey. Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly lower when compared to local and national averages. This survey was completed between January 2017 and March 2017 before many of the improvements had commenced.

- 46% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 45% of patients who responded said they could get through easily to the practice by phone; CCG average – 70%; national average – 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- 71% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried; CCG average - 85%; national average - 84%.
- 58% of patients who responded said their last appointment was convenient; CCG average - 81%; national average - 81%.
- 38% of patients who responded described their experience of making an appointment as good; CCG average - 72%; national average - 73%.
- 20% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 56%; national average - 58%.

The practice advised that there had been a reduction in complaints regarding access in 2017. The most recent in-house survey (collection period October 2017 - December 2017) indicated improvement. For example:

- 63% of patients said they could get through easily to the practice by phone; this was an 18% improvement on the national survey.
- 81% of patients said they were able to get an appointment to see or speak to someone the last time they tried; this was a 10% improvement on the national survey.
- 89% of patients said their last appointment was convenient; this was a 31% improvement on the national survey.
- 64% of patients described their experience of making an appointment as good; this was a 26% improvement on the national survey.
- 26% of patients said they don't normally have to wait too long to be seen; this was a 6% improvement on the national survey.

The practice and the patient participation group were confident now staffing issues had been addressed and stabilised patient satisfaction would continue to improve.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed the practice complaint log, specifically six complaints and the corresponding paperwork. We found four of the six complaints had been handled in a timely way. The two remaining complaints were received during the transition period between changes in the management team. On both occasions the complainants received an appropriate response including an apology for the initial delay in acknowledging the first contact.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. For example, telephone access, prescription errors and prescription delays had been a historic concern within the practice. This had resulted in numerous complaints directly to the practice and to the Care Quality Commission. The practice had acted on these emerging complaint patterns and as a result we saw:

- The practice reviewed and implemented changes to the telephone system. We noted from the complaints log, minimal complaints regarding telephone access had been received during 2017 and the first week of January 2018. This aligned to patient feedback collected during the inspection and findings in the most recent in-house practice survey.
- The practice had engaged with one of the local pharmacy's which resulted in a meeting between the practice and the pharmacy. We saw following this meeting, the existing arrangements had been revised to minimise errors and potential delays. This was collaborated during our discussions with the pharmacy following the inspection.

Are services well-led?

Good 

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

Our findings

At our previous inspections in October 2016 and June 2017, we rated the practice as inadequate for providing well-led services. We had significant concerns about the leadership and governance arrangements. We found improvement in the responsiveness to patient feedback, however, we found there were not adequate systems for driving quality improvement and risks to patients' health and welfare were not always identified, assessed and mitigated.

These arrangements had significantly improved when we undertook our inspection on 10 January 2018. The practice is now rated as good for providing well-led services.

Leadership capacity and capability

Over the previous three years Chiltern House Medical Centre had seen a significant amount of change, several different practice managers, GP partners leaving, instability and a lack of clear leadership and management. When we had previously inspected the practice failures and concerns highlighted during the inspections, suggested that changes to management responsibilities were not effective. During the inspection in January 2018, we saw the practice had made positive changes and now had capable leaders which supported the delivery of the strategy and good quality care.

- At the June 2017 inspection, we had concerns regarding the leadership of the practice, specifically the leadership of the registered manager. The registered manager did not make contact with Care Quality Commission (CQC) prior to the inspection, was not available to speak with on the day of inspection and worked minimal hours at the practice, the practice told us this equated to one session a week. The Health and Social Care Act 2008 states that registered providers must have a registered manager, set out in the regulations. The intention of this regulation is to ensure that people who use service have their needs met because the regulated activity is managed by an appropriate person. Following the June 2017 inspection, one of the GP Partners applied to take over the role as registered manager and was successfully appointed as registered manager in November 2017. Throughout the application and prior

to the January 2018 inspection the new registered manager fully engaged with CQC, this included regular updates and submission of action plans, correspondence and other supporting documents. Our findings at this inspection assured us the new arrangements ensured patients at Chiltern House Medical Centre had their needs met or these arrangements met the requirements of the Health and Social Care Act 2008.

- All staff we spoke with knew of the clear lines of authority and the roles and responsibilities of the management team. The recruitment of additional GPs resulted in the Managing GP having a more active role in the management and leadership of the practice. Staff we spoke with recognised the endeavour of the new management team and were keen to be part of the new developments.
- The management team discussed and our findings demonstrated there was now clarity about authority to make decisions. Discussions verified they were knowledgeable about issues and priorities relating to the quality and future of local and national services. They understood the challenges within the High Wycombe local area and were addressing them.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, two junior members of the management team had started a management course. The aim of this course was to consolidate their experience and develop their leadership skills in preparation to take on more responsibility.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. For example, we saw the practice had systems which reviewed the effectiveness and appropriateness of the care provided. This was a live document known as the clinical effectiveness plan which planned appropriate actions to identify and improve patient's health and well-being. The improvements, increased leadership visibility and detailed and realistic plans the practice had implemented ensured the practice was now delivering their vision.

Are services well-led?

Good 

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

- Feedback collected during the inspection including our discussions with staff and patients indicated the vision had been embedded within the culture of the practice.
- Practice staff independently told us of the work undertaken to improve the practice since the last inspection and that they wanted to ensure patients received safe and effective care from caring staff. Members of staff also told us, since the last inspection the practice was more focussed on the patients and serving the community of High Wycombe.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and enable collaborative working.

Culture

The practice had a culture and ethos of high-quality sustainable care. To implement this staff applied five key elements into everyday life within the practice. These elements were known as the 5 R's which stood for: Resilience, Responsibility, Respect, Resourcefulness and Reflection.

- Staff stated they felt respected, supported and valued. They told us that despite adverse media interest they were proud to work in the practice. They informed us that since the last inspection, all staff were involved in discussions about how to run and develop the practice, the GP partners and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff informed us that they felt supported by the leadership team following the June 2017 inspection and during the period of special measures. Staff told us that although the past 12 months had been a time of change and uncertainty that they felt vast improvements had been made.
- The practice focused on the needs of patients. For example, the systems for providing long term condition management including reviews now prioritised the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to safety incidents,

complaints and our previous inspection reports. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be recorded, reviewed and addressed. Staff told us there was now an open inclusive culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. Staff spoke highly of the new leadership arrangements, specifically the leadership and direction from the GP partners.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including the pharmacist and members of the nursing team, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. This was evident in discussions with management team.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff told us they felt they were treated equally.
- There were positive relationships between staff, teams and despite services provided across two bases, staff told us there was a feeling of 'one team'.

Governance arrangements

We found the practice had implemented a wide range of actions which had resulted in improvements to the existing governance arrangements with a view to keep patients safe. The service had worked towards implementing a comprehensive governance framework, and was continuing to embed improvements and monitor progress. For example:

- The improvements and progress was closely monitored and recorded on a practice improvement plan. This plan

Are services well-led?

Good 

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

was a 'live' document and included all feedback from previous inspections. The practice told us this plan was an integral part of the practice's strategy to improve. The plan was regularly reviewed at monthly quality assurance meetings. These meetings were attended by key designated leaders within the practice. Senior staff we spoke with had identified further areas for improvement and had plans in place to continue with the changes in order to offer improved services to patients.

- The practice had reviewed and improved existing processes which supported the delivery of a safe service. For example, the practice had increased the number of medicine reviews completed. Previous concerns about delays in patient correspondence had been addressed and was supported by a practice administrator and further supported by the recruitment of three salaried GPs.
- There was an improved staffing structure and that staff were aware of their own roles and responsibilities. Staff members in lead roles had sufficient training to complete these enhanced duties.
- Governance arrangements for recruitment and personnel records had been reviewed by the practice. The practice had addressed concerns regarding gaps in recruitment correspondence.
- Systems to seek, act and monitor feedback continued to improve. We saw the practice had undertaken various actions to identify and act on patients' concerns reflected in the July 2016 national GP survey and more recently the July 2017 national GP survey. As part of the review, the practice had highlighted patterns identified in the national survey. To further review patient satisfaction, the practice completed quarterly in-house surveys. Individual patient feedback collected via the NHS Choices website had been considered, investigated where possible and responded to which to identify and make improvements.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were improved arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. This included significant improvements to the systems and processes to safeguard patients, including patients with a learning disability.

- The practice held a variety of oversight meetings following the inspection in June 2017 and the CQC decision keep the practice in special measures. These meetings effectively managed risks, the practice and the patient participation group (PPG) told us they used the experience as a learning opportunity.
- Clinical audits and improvements to patient outcomes had been reviewed. Where appropriate, clinicians took part in local and national improvement initiatives. There was evidence of increased quality improvement activity throughout the practice; this activity was captured through a series of clinical audits. Clinicians used a variety of sources to identify topics for audit, including safety alerts, issues arising from meetings and personal interest.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability of improvements were discussed in relevant meetings where all staff had sufficient access to information. This included detailed discussions with the PPG.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved staff and external partners to support improvements and deliver high-quality sustainable services. For example:

- There had been a series of staff away days throughout 2017, including all staff refresher training sessions. One of the away days led to the implementation of new practice principles including a review of culture within the practice. Staff spoke highly of a team meeting in

Are services well-led?

Good 

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

November 2017 which included a wellbeing session. Staff told us they found this particular session useful as the full team reflected on various aspects of well-being, in a holistic, non-judgemental way.

- We spoke with a member of the PPG which had been set up in January 2017. The PPG was active, met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Members of the PPG were invited to management oversight and improvement meetings between the practice and the commissioners. Further meetings were held as the practice proposed changes, and they jointly considered the impact on patients.
- In September 2017, Healthwatch Bucks visited Chiltern House Medical Centre to carry out an Enter and View visit. The visit included discussions with 22 people using the practice, in summary there was a general feeling that things were improving. The practice had reviewed the findings of the visit and the recommendations contained in the report.

Continuous improvement and innovation

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

- The practice had enlisted external help in order to address in a timely way, the issues identified at our

inspection in June 2017. This had included support from the clinical commissioning group (CCG), NHS England and the Royal College of General Practitioners (RCGP) special measures peer support programme.

- The practice had proactively implemented actions to review and improve levels of patient satisfaction.
- The practice team was also part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was working with the CCG and introduced a care and support approach for the care of many long term conditions.
- Now staffing levels had been stabilised and systems embedded the practice was considering applying to become a training practice and welcome foundation doctors to join Chiltern House Medical Centre for up to four months. A foundation doctor (FY1 or FY2) is a grade of medical practitioner in the United Kingdom undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.
- Following the January 2018 inspection, Chiltern House Medical Centre was taken out of special measures, this recognised the significant improvements that had been made to the quality of care provided by this service.