

# Highfield Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highfield Surgery in Hazlemere, Buckinghamshire on 18 July 2016. Overall the practice is rated as requires improvement.

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

- Over the previous two years the practice had seen a significant amount of staff change including key members of staff retiring. There is now a new management team and revised governance arrangements.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about access to appointments was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice had good modern facilities and was well equipped to treat patients and meet their needs.
- Training arrangements were inconsistent and there was no system to identify when staff had training and when it would need to be refreshed. This also led to a lack of a programme of staff appraisals, with no evidence of performance monitoring and identification of personal or professional development.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.

# Summary of findings

- High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- We observed the practice proactively sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider needs to make improvements. Importantly, the provider must:

- Establish and operate an effective system to assess, manage and mitigate the risks identified relating to legionella and the storage of liquid nitrogen.

- Ensure staff receive appropriate support, training, professional development and appraisal according to their roles. Including for staff providing clinical care and treatment to ensure it's in line with national guidance and guidelines.

In addition the provider should:

- Review and improve the systems in place to effectively monitor patients with a history of strokes and similar conditions.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The health and safety policy was not underpinned by a robust risk assessment of the risks associated with the practice premises. For example, the risks associated with the storage and usage of liquid nitrogen had not been assessed and the recommendations following the legionella risk assessment in May 2014 had not been acted on or a follow up assessment arranged.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Training arrangements were inconsistent and there was no system to identify when staff had training and when it would need to be updated.

**Requires improvement**



# Summary of findings

- There was not a programme of staff appraisals, with no evidence of performance monitoring, identification of personal or professional development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- The vast majority of the results from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 91% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care. This was higher when compared to the CCG average (83%) and national average (82%).
- Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there were urgent appointments available the same day.
- Patients were highly satisfied with telephone access to the practice. For example, 92% of patients said they found it easy to get through to Highfield Surgery by telephone. This was significantly higher than the local CCG average (73%) and national average (73%).

# Summary of findings

- The practice had good modern facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, easy to understand and evidence showed the practice responded quickly to issues raised. Patients who made a complaint were provided with full information about how to escalate their complaint if they were not satisfied with the practice response. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care to Highfield Surgery patients. Staff were clear about the vision and their responsibilities in relation to it.
- Despite the significant amount of staff changes, there was a clear leadership structure and staff felt supported by management. They showed optimism for the future management style and leadership. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a developing governance framework which supported the delivery of the strategy and good quality care. Although there had been limited arrangements to monitor and identify risk, notably risks associated with health and safety and premises.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. At the start of the inspection, we were presented with an improvement plan, completed by the newly appointed practice manager. Immediately after our inspection, we were sent an updated plan which included aspects of our initial feedback we provided at the end of the inspection.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as good for being caring, responsive and well-led and requires improvement for providing a safe and effective service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Highfield Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- The majority of nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with local and national averages. However, Highfield Surgery performance for stroke and transient ischaemic attack (mini strokes) indicators was lower than both the local and national averages. For example, the practice had achieved 80% of targets which was lower when compared to the CCG average (98%) and the national average (97%).

**Requires improvement**



### People with long term conditions

The provider was rated as good for being caring, responsive and well-led and requires improvement for providing a safe and effective service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 87% of targets which was lower when compared to the CCG average (93%) and similar when compared to the national average (89%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic

**Requires improvement**



# Summary of findings

bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).

- Longer appointments and home visits were available when needed.
- In June 2016, Highfield Surgery implemented a care planning approach for patients with diabetes. The aim was to empower and support patients to make decisions about their health.

## Families, children and young people

The provider was rated as good for being caring, responsive and well-led and requires improvement for providing a safe and effective service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations. For example, 100% of children under 24 months had the full programme of childhood immunisations. The CCG averages ranged between 95% to 97% for the same age group.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was similar when compared to the CCG average (84%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

**Requires improvement**



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

The provider was rated as good for being caring, responsive and well-led and requires improvement for providing a safe and effective service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had core opening hours between 8.30am and 6.30pm Monday to Friday with appointments available from 8.30am to 5.50pm daily. The practice did not offer any extended hours opening in the evenings, early mornings or weekends.
- Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

## People whose circumstances may make them vulnerable

The provider was rated as good for being caring, responsive and well-led and requires improvement for providing a safe and effective service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Highfield Surgery had carried out annual health checks for 63% of people with a learning disability and there was evidence that these had been followed up.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



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

The provider was rated as good for being caring, responsive and well-led and requires improvement for providing a safe and effective service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

- 92% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better when compared to the CCG average (89%) and national average (88%).
- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar when compared to the local CCG average (86%) and higher than the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Highfield Surgery had recently submitted an action plan to the local CCG with a view to become a dementia friendly practice. The action plan had five key principles to become a dementia friendly practice. One of the completed actions was the nomination and implementation of a dementia lead and a dementia champion. Extra hours had been created to enable this additional work to ensure there was a strong focus on improving the diagnosis, treatment and support for people with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had better performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. On behalf of NHS England, Ipsos MORI distributed 215 survey forms and 119 forms were returned. This was a 55% response rate and amounted to approximately 2% of the patient population.

- 92% of patients found it easy to get through to this practice by telephone (CCG average 73%, national average 73%).
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 95% of patients described the overall experience of this GP practice as good (CCG average 86%, national average 85%).
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 35 comment cards which were all positive about the standard of care received. Written comments from patients indicated they were highly satisfied with how they were treated and that this was with compassion, dignity and respect. Further verbal and written feedback highlighted that long term health conditions were well monitored and supported.

We spoke with six patients during the inspection, including three members of the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

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

- Highfield Surgery achieved a 100% satisfaction rate in the NHS Friends and Family Test in May 2016, 90% in April 2016 and 92% in March 2016.

## Areas for improvement

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

- Establish and operate an effective system to assess, manage and mitigate the risks identified relating to legionella and the storage of liquid nitrogen.
- Ensure staff receive appropriate support, training, professional development and appraisal according to their roles. Including for staff providing clinical care and treatment to ensure it's in line with national guidance and guidelines.

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

- Review and improve the systems in place to effectively monitor patients with a history of strokes and similar conditions.

# Highfield Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector; the team included a GP specialist adviser.

## Background to Highfield Surgery

Highfield Surgery is located in a modern purpose built building in Hazlemere in Buckinghamshire. Highfield Surgery is one of the practices within Chiltern Clinical Commissioning Group and provides general medical services to approximately 6,100 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

- Highfield Surgery, Highfield Way, Hazlemere, Buckinghamshire HP15 7UW.

According to data from the Office for National Statistics, Buckinghamshire has a high level of affluence and minimal economic deprivation.

The age distribution of the registered patients is largely similar to the national averages. Although there is a slightly lower than average number of patients aged between 20 and 50 years of age.

Ethnicity based on demographics collected in the 2011 census shows the population of Hazlemere and the

surrounding area is predominantly White British with 4% of the population composed of people with an Asian background and 1% of the population composed of people with a Black background.

Over the previous two years the practice has seen a significant amount of change and subsequent changes of key members of staff including GP Partners, the practice manager and departmental managers.

The practice comprises of two GP Partners (one female and one male) and two salaried GPs (both female). Both of the salaried GPs started employment with Highfield Surgery in April 2016 and May 2016.

The all-female nursing team consists of two practice nurses and two health care assistants who also fulfil phlebotomist duties.

The practice manager commenced employment with the practice in July 2016 and is supported by a team of reception, administrative and secretarial staff who undertake the day to day management and running of Highfield Surgery.

The practice had core opening hours between 8.30am and 6.30pm Monday to Friday with appointments available from 8.30am to 5.50pm daily. There were no extended opening hours were available.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Prior to the inspection we were informed the practice did not have a registered manager in post. However, we saw

# Detailed findings

evidence that one of the GP Partners had applied to the Commission to become the new registered manager and this application started before the inspection was announced.

A registered manager is a person who has registered with the Care Quality Commission 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.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Chiltern Clinical Commissioning Group (CCG), Healthwatch Bucks, NHS England and Public Health England.

We carried out an announced visit on 18 July 2016. During our visit we:

- Spoke with a range of staff. These included, two GPs, two nurses, practice manager and several members of the administration and reception team.

- Also spoke with six patients who used the service.
- Observed how patients were being cared for.
- 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.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis following a potentially harmful delay in a clinician viewing and responding to a test result.

This investigation highlighted the requirement for all test results to be viewed by a clinician and communicated to patients without delay. The practice immediately revised the process, policy and supporting procedures to prevent this from happening again. All staff we spoke with were aware of this change in policy and procedure.

### Overview of safety systems and processes

The practice had clearly defined and embedded 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. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.

- Notices in the waiting area 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw the latest audit from September 2015 and subsequent action that was taken to address any improvements identified as a result, for example updated hand hygiene training, treatment room sinks resealed and revised storage of cleaning equipment. All three actions aimed to reduce the risk of cross contamination.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with

# Are services safe?

legislation. Health Care Assistants were trained to administer influenza, vitamin B12 and pneumococcal vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked (January 2016) to ensure the equipment was safe to use and clinical equipment was checked (January 2016) 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, the legionella risk assessment was last completed in May 2014 (legionella is a term for a particular bacterium which can contaminate water systems in buildings). This risk assessment was completed by an independent water specialist and had reported 16 high risk recommendations which required a follow up within 12 months. One of the high risk recommendations detailed the requirement for the practice to keep records of monitoring and test results to demonstrate effective control. The practice had acted upon one of the 16 recommendations and there was no follow up arranged. The inspection in July 2016 highlighted this and there was an immediate response by the newly appointed practice manager. This response included a new legionella risk assessment completed three days after the inspection. The July 2016 risk assessment highlighted the risk of multiplication and dissemination of legionella at Highfield Surgery was considered to be remote.
- The practice held liquid nitrogen on site; this was used for cryotherapy (treatment using low temperatures).

There are two serious risks involved in working with liquid nitrogen: asphyxiation (asphyxiation is a condition of severely deficient supply of oxygen to the body) and cold burns. There was no risk assessment and we found the liquid nitrogen was stored in an unsecure room without adequate ventilation. Following the inspection the practice sent us evidence that a decision had been made to cease the cryotherapy service and had arranged for the safe removal of the liquid nitrogen tank.

- 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 at peak times of the day. This included the use of mobile technology to ensure any last minute; unforeseen gaps within the rota were covered. The practice had experienced a significant amount of change in staff in the previous two years; as a result the practice had a strategic approach to the use of locum GPs and nurses to respond to patient demand. A locum is a person who stands in temporarily for someone else of the same profession.

## Arrangements to deal with emergencies and major incidents

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

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available; this was similar to the local CCG average (97%) and higher when compared to the national average (95%). The most recent published exception reporting was better when compared to the CCG and national averages, the practice had 6% exception reporting, the CCG average exception reporting was 8% and the national average was 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed the practice was in line with the majority of QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 87% of targets which was lower when compared to the CCG average (93%) and similar when compared to the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were comparable to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).

- Performance for mental health related indicators showed the practice had achieved 97% of targets which was identical when compared to the CCG average (97%) and higher than the national average (93%).

However, Highfield Surgery performance for stroke and transient ischaemic attack (mini strokes) indicators was lower than both the local and national averages. For example, the practice had achieved 80% of targets which was lower when compared to the CCG average (98%) and the national average (97%). There was no evidence that this was being addressed.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the 12 months, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- We reviewed both of the completed clinical audits and the findings which were used by the practice to improve services. For example, one audit commenced in January 2014 with a reporting period between January 2014 and January 2015, to review Highfield Surgery dermatology referrals as historically these had been higher than the CCG and national averages (dermatology is the branch of medicine dealing with the skin, nails, hair and its diseases).
- The first cycle of audit, between January 2014 and January 2015 reported a dermatology referral rate for Highfield Surgery was 37.8%, far higher than the average referral rate for practices within the CCG.
- One of the actions, to reduce the high referral rate included the purchase of a dermatoscope (a tool used for GPs and other health professionals attempting early diagnosis of skin cancer).
- The second cycle of audit, which concluded in January 2016, saw Highfield Surgery had significantly reduced the referral rate since the use of the dermatoscope. The practice's dermatology referral rate was 19.4%; this was a reduction of 18% and was now lower than the CCG average (20.6%).
- We saw plans of a further audit, aimed to ensure the decreased referral rate was maintained.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

The practice could not demonstrate that staff had all the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Practice staffing included GPs, nurses, nurse practitioners, healthcare assistants, managerial and administrative staff. We reviewed staff files and saw that there were records of some training in areas such as hand hygiene and infection control, medical emergencies, and safeguarding adults and children. However, there was no training log to identify whether staff had training or when they would require it again. Staff were not sure when they had last undertaken some training such as safeguarding or hygiene and infection control. Staff were unsure what training they had undertaken due to a lack a system to monitor training. Training certificates in staff files were inconsistent, as some staff had records of completing certain training courses while others performing the same role did not.
- 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.
- Staff did not receive a regular appraisal of their performance to identify training, learning and development needs. Our discussions with staff who had worked at the practice for more than 12 months confirmed not all staff had an annual appraisal in the preceding year. Other staff reported not having an appraisal for years, for example, one of the nurses last had an appraisal in January 2013 and one of the reception team last had an appraisal in January 2011. At the start of the inspection, the management team highlighted the lack of appraisals. We saw evidence that re-introducing a programme of appraisals was a top priority. The newly appointed practice manager had contacted every member of staff to arrange an appraisal to be completed within seven weeks of the inspection.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young 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.
- Highfield Surgery utilised medical photography. It was used as an aid for treatment of a condition, to document interesting cases and to educate medical practitioners. We saw a detailed and comprehensive medical photography consent form ensuring patients consented to photographs being taken for care and treatment. The consent process was in line with legislation and guidance.

### Supporting patients to live healthier lives

# Are services effective?

## (for example, treatment is effective)

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 received support or were signposted to the relevant service.
- Information from Public Health England showed 98% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared with the CCG average (96%) and the national average (94%). Smoking cessation advice was available from an external service that attended Highfield Surgery every Monday afternoon.

The practice's uptake for the cervical screening programme was 81%, which was similar when compared to the CCG average (84%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice staff also told us patients at Highfield Surgery were proactive and fully understood the importance of national cancer screening programmes. Data from Public Health England indicated:

- 64% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (59%) and national average (58%).
- 75% 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 (76%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were higher when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds was 100%, the CCG averages ranged between 95% to 97% and five year olds from 95% to 97% (CCG averages ranged between 93% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice was required to invite a minimum of 419 patients for their NHS health check (patients aged 40-74). This was not achieved as 385 patients were invited and 272 patients had a full health check. Due to additional health check invitations in previous years, the practice were limited as to the number of patients they could invite for the period 2015-16. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 35 patient Care Quality Commission comment cards and all six of the patients we spoke with were positive about the service experienced. Patients comments highlighted they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect and highly satisfied. Notably, satisfaction scores for consultations with Highfield Surgery GPs and interactions with receptionist staff was better than the local Clinical Commissioning Group and national averages. For example:

- 94% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 90%, national average 89%).
- 91% of patients said the last GP gave them enough time (CCG average 88%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 88% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).

- 91% of patients said the nurses gave them enough time (CCG average 93%, national average 92%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

The results from the GP national survey aligned with all the patient feedback, written and verbal, we received which highlighted the GPs were sincere, welcoming, respectful, supportive, compassionate and caring. Patients we spoke with all told us Highfield Surgery were genuinely interested in their wellbeing.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 91% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 92% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

## Are services caring?

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.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included a specific area near the entrance to the practice with targeted health information leaflets for teenagers and young people. This enabled teenagers and young people to access health information about a wide range of concerns independently without the need to enter the practice. For example, there were leaflets on mental health, sexual health and bullying. Information about support groups was also available on the practice website. This included a

useful document, which two CQC comment cards praised, titled "When should I worry?" This was a document for parents, carers and guardians and dealt with common infections in children who were normally healthy.

The practice's computer system alerted GPs if a patient was also a carer. In July 2016, the practice patient population list was 6,068. The practice had identified 148 patients, who were also a carer; this amounted to 2.5% 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 and a practice specific bereavement pack was sent. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Although there were four GPs, each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families. However, any patient could request to see a GP of the opposite sex for a particular issue or a sensitive health concern.
- Highfield Surgery was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting area and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had a step free access, an automatic door entrance to help those with mobility difficulties and a portable hearing loop to help patients who used hearing aids.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice website was well designed, clear and simple to use featuring regularly updated information.

### Access to the service

The practice had core opening hours between 8.30am and 6.30pm Monday to Friday with appointments available from 8.30am to 5.50pm daily. The practice did not offer any extended hours opening in the evenings, early mornings or weekends.

In addition to pre-bookable appointments, same day appointments were made available daily and urgent appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better when compared to local and national averages. For example:

- 91% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 94% of patients who say the last appointment they got was convenient (CCG average 92%, national average 92%).
- 86% of patients were satisfied with the practice's opening hours (CCG average 73%, national average 76%).
- 92% of patients said they could get through easily to the practice by phone (CCG average 73%, national average 73%).

Written feedback on CQC comment cards regarding access was also positive. All six patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them and were satisfied with the opening times despite no extended hours appointments.

### 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 the up to date record and audit of all verbal and written feedback received. This included an analysis of trends and action taken to as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system. Staff we spoke with were aware of their role in supporting patients to raise concerns.

We looked at a random sample of three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to

## Are services responsive to people's needs? (for example, to feedback?)

as a result to improve the quality of care. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the practice manager or one of the GPs. For example, we saw one complaint about a potential misdiagnosis; this had been responded to by the practice and we saw this had been fully investigated. Following an investigation there was no evidence to confirm if a misdiagnosis had occurred. The complainant was provided with full information on how to escalate their concern further and was currently in negotiations with the

Parliamentary and Health Service Ombudsman (PHSO). (The PHSO is the final stage for complaints about the NHS in England and public services delivered by the UK Government. They look into complaints where people believe there had been injustice or hardship because an organisation had not acted properly or fairly or had given a poor service and not put things right).

The practice manager, although new in post, was ready to respond to patients' feedback and engage with patients in the delivery of the service.



# Are services well-led?

Good 

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

## Our findings

Over the previous two years the practice had seen a significant amount of change, including individual disputes amongst partners and the retirement and subsequent changes of key members of staff including GP Partners, the practice manager and departmental managers. For example, two new salaried GPs joined Highfield Surgery in April 2016 and May 2016. A practice nurse joined in May 2016 and the practice manager joined Highfield Surgery two weeks prior to our inspection.

Although new in post the practice manager had completed an analysis to identify Highfield Surgery internal strengths and weaknesses, as well as its external opportunities and threats. Following this analysis we saw several 'live' in-house action plans for full practice improvement and had already highlighted and planned to resolve several of the concerns we identified.

### Vision and strategy

The practice had a clear vision to deliver a high standard of general medical services in a small friendly practice.

- The practice had a visible long-term strategy and supporting business plans which reflected Highfield Surgery values. The strategy and plans had been identified by the management team and were now regularly monitored.
- We saw a systematic approach to managing patient demand whilst the practice was going through unprecedented amounts of change and key members of staff leaving.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings.
- Practice specific policies were implemented and were available to all staff.

- Despite the amount of change within Highfield Surgery, an understanding of the performance of the practice and high patient satisfaction was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and most risks within the practice. However, the risks associated with the storage and usage of liquid nitrogen had not been assessed and the recommendations following the legionella risk assessment in May 2014 had not been acted on or a follow up assessment arranged.

### Leadership and culture

On the day of inspection the GP Partners demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The newly appointed practice manager validated their capability throughout the inspection. This included thorough preparation before the inspection and a highly responsive approach to concerns we identified on the day. All staff we spoke with told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

This included support training for all staff on communicating with patients about notifiable safety incidents. The GP Partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. There was a team meeting structure in place and the teams met regularly. For example, the administration team and the practice

# Are services well-led?

Good 

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

nursing team met on a monthly basis. We saw minutes of the meetings of both groups and these demonstrated that a wide range of topics were covered. The nurse team meetings included updates on clinical guidelines.

- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff said they were excited about the future of the practice and they showed optimism for the future management style and leadership.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG although developing met regularly, carried out patient surveys and were prepared to submit proposals for improvements to the practice management team.
- We found the practice to be involved with their patients, the PPG and other stakeholders. We spoke with three members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice.
- There was evidence of regular meetings and PPG members' involvement in undertaking practice supported initiatives. For example, the PPG members were in consultation to propose a new mission statement which reflected the recent changes in the practice. One of the proposed mission statements was 'Doing the best we can for you'.
- The practice was engaged with Chiltern Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings. The relationship between the PPG and the practice was strong with regular meetings that were attended by practice GPs and practice management.

- Although there had not been an appraisal programme, we saw the practice had gathered feedback from staff through staff meetings and discussions. All members of staff had been contacted and an appraisal scheduled. The appraisal correspondence the practice manager had prepared included sections which would identify required support, training and opportunities for professional development.

## Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- Highfield Surgery had recently submitted an action plan to the local CCG with a view to become a dementia friendly practice. The action plan had five key principles to become a dementia friendly practice. One of the completed actions was the nomination and implementation of a dementia lead and a dementia champion. Extra hours had been created to enable this additional work to ensure there is a strong focus on improving the diagnosis, treatment and support for people with dementia.
- The practice was interested to become a training practice and welcoming foundation doctors to join Highfield Surgery 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.

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

- At the start of the inspection, we were presented with an improvement plan, completed by the newly appointed practice manager and for the attention of the senior GP partner. This detailed comprehensive plan and the practice manager had an understanding of why each of the six concerns and issues had arisen in order to secure appropriate corrective action. The improvement plan detailed the concerns and each concern had seven separate sections. For example, the lack of an appraisal programme had been identified, the key action required, eventual goal planned and had a 'live' fluid progress chart to ensure the actions were managed and progressed appropriately.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to operate an effective system to manage and mitigate the risks identified relating to legionella or assess the risk of storing liquid nitrogen .</p> <p>This was in breach of regulation 12 (1) (2) (a) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found the provider did not operate effective systems to ensure staff received appropriate support, training, professional development and appraisal.</p> <p>This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>