

Water Meadow Surgery

Quality Report

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

Ratings

Overall rating for this service		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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Water Meadow Surgery on 12 May 2016. Overall the practice is rated as good.

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

- 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.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice had recently commenced diabetes care planning.
- Feedback from patients about their care was consistently positive. Results from the national GP patient survey showed the majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and

decisions about their treatment when compared to the local and national averages. All feedback (verbal and written) from patients received on the day of inspection confirmed this.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice website had recently been revised increasing the information content.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- 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 had been produced with stakeholders and was regularly reviewed and discussed with staff.

Summary of findings

- The practice had clear and visible clinical and managerial leadership and supporting governance arrangements.

However, there were areas of practice where the provider needs to make improvements. Importantly the provider should:

- Review how carers are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

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 good 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good 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.
- There was a variety of clinical audits which demonstrated quality improvement. Although there was limited evidence of repeated (two cycle) clinical audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from local care homes which accesses GP services from Water Meadow Surgery praised the GPs, they told us residents were treated with care and compassion.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group to secure improvements to services where these were identified. For example, there was a variety of extended hour's available, early morning appointments, evening appointments and Saturday morning appointments.
- Patients said they found it easy to contact the practice via telephone, make an appointment with a named GP and there was continuity of care. We saw routine and urgent appointments were available with no delay.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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 and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual patient participation group which was active.

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 practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 100% of patients aged 50 or over (who had not attained the age of 75,) with osteoporosis, were treated with an appropriate bone-sparing agent. This was higher when compared to the CCG average (89%) and national average (92%).

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- 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 93% of targets which was similar when compared to the CCG average (93%) and the national average (89%).
- 97% of patients with diabetes, on the register, have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015). This was higher when compared to the CCG average (93%) and national average (94%).
- Water Meadow Surgery had recently commenced diabetic care planning for patients with diabetes. The care plans allow patients to be more involved in decisions about how their diabetes is managed and gives patients a say in the care they receive for their diabetes.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and those with long term conditions had a structured annual review to check their health

Summary of findings

and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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 relatively high for all standard childhood immunisations.
- 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 83%, which was comparable 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.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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.
- Extended opening hours suitable for working age people were available on alternate Saturday mornings when the practice was open between 8am and 11am, alternate Tuesday and Wednesday evenings when the practice was open until 8.30pm. In addition, two mornings each week had pre-bookable appointments available from 7am.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice offered the convenience of a daily phlebotomy service, contraception clinic, minor conditions management and travel immunisations.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may 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.
- 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 88% of people experiencing poor mental health had received an annual physical health check. This was comparable to the CCG average (89%) and national average (88%).
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was higher when compared to the CCG average (86%) and 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 carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. We saw and heard plans that the practice was seeking advice from Alzheimer's Society (the leading UK care and research charity for people with Alzheimer's disease and other dementias) to make adjustments to make the practice 'dementia friendly'.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing better 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 237 survey forms and 111 forms were returned. This was a 47% response rate and amounts to less than 1% of the patient population.

- 85% of patients found it easy to get through to this practice by phone (CCG average 76%, national average 73%).
- 91% of patients were able to get an appointment to see or speak to someone the last time they (CCG average 88%, national average 85%).
- 91% of patients described the overall experience of this GP practice as good (CCG average 85%, national average 85%).
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average of 79%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Several comments highlighted the ease in obtaining a GP appointment and the benefits of having a

named GP. Patients commented that the environment was clean, that staff treated them with dignity and respect, and that they were extremely satisfied with the high standards of care they had experienced.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We also spoke with a local nursing home and a care home for adults with severe learning and physical disabilities which Water Meadows Surgery provided the GP service for. They praised the practice and they told us they highly recommend the practice and told us the service they received was responsive to their patients complex needs, GPs always listened and treated the patients with dignity and respect.

Before 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 are happy with the service provided, or where improvements are needed.

- The practice achieved a 92% satisfaction rate in the NHS Friends and Family Test in April 2016, 98% in March 2016 and 96% in February 2016.

Water Meadow 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 and a practice manager specialist adviser.

Background to Water Meadow Surgery

Water Meadow Surgery is a large semi-rural surgery in Chesham, Buckinghamshire. The practice is located within purpose built premises that were originally built in 1995 and then extended in 1998; a commercial pharmacy is located within the same building.

Water Meadow Surgery is one of the practices within Chiltern Clinical Commissioning Group and provides general medical services to approximately 12,400 registered patients.

All services are provided from:

- Water Meadow Surgery, 31A Red Lion Street, Chesham, Buckinghamshire HP5 1ET.

The ground floor of the premises consists of the reception and seven GP consulting rooms, two nurse rooms and the pharmacy.

The first floor is split into two distinct areas. The first houses three further consulting rooms, the pharmacy office, medical records room and a small store room. The second area has offices for the practice manager, assistant practice manager, secretaries, general office, a store room and a large meeting room.

According to data from the Office for National Statistics, Buckinghamshire has a high level of affluence and minimal economic deprivation. However, Chesham is in the most deprived fifth of the population for Buckinghamshire. People in this most deprived fifth generally have poorer health and lower life expectancy than the Buckinghamshire average.

The practice population has a higher proportion of patients aged 40-59 compared to the national average. Ethnicity based on demographics collected in the 2011 census shows the population of Chesham is predominantly White British and 9% of the population of Chesham is composed of people with an Asian background.

The practice population also has a proportion of patients in a local care home (approximately 18 registered patients) and a care home for adults with severe learning and physical disabilities (approximately 12 registered patients).

The practice comprises of seven GP Partners (two male and five female), two female salaried GPs and two GP Registrars (one male and one female). The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of four practice nurses and one health care assistant.

A practice manager and a team of reception and administrative staff undertake the day to day management and running of the practice.

The practice has core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.20am to 5.50pm daily. Extended opening hours were on alternate Saturday mornings when the practice was

Detailed findings

open between 8am and 11am, alternate Tuesday and Wednesday evenings when the practice was open until 8.30pm. In addition, two mornings each week had pre-bookable appointments available from 7am.

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.

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 12 May 2016. During our visit we:

- Spoke with a range of staff (four GP's, one GP Registrar, one nurse, the management team and several members of the administration and reception team) and spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough and detailed analysis of 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 significant event analysis following a delay in commencing the childhood immunisation programme for a child, at the request of their parent. On reflection there was a lack of awareness of the importance of giving these vaccinations on schedule. Learning was shared with all members of the practice team responsible for administering childhood vaccinations which increased awareness of the importance of delivering these vaccines on time.

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 and all staff we spoke with knew who this was. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding. For example, all GPs were trained to Safeguarding children level three and could provide evidence of completed training, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.

- Notices on the TV screen in the waiting room, in consultation and treatment rooms 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. The practice manager 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 January 2016 and subsequent action that was taken to address any improvements identified as a result, for example the implementation of updated hand washing guidance placed near all sinks.
- 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 Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. All members of staff we spoke with were aware of a recent guideline to reduce the amount of antibiotics the practice prescribed. During the inspection we observed blank prescription forms and

Are services safe?

pads were securely stored and there were systems in place to monitor their use. However the practice told us this system was pending change and a designated member of staff would be assigned to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines (influenza, pneumococcal and shingles) against a patient specific prescription.

- 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 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly (October 2015). 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 including a 'buddy arrangement' between GPs to ensure that enough staff were on duty and patients received timely care and treatment.

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 practice computers which alerted staff to any emergency. We saw a significant event analysis following an incident in April 2016 when the instant messaging system failed to work. Although the alert failed to work there was an immediate response from the reception team, multiple GPs and a nurse who attended to the patient. The practice told us they now regularly checked the instant messaging system to ensure it is fully functioning.
- 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 99% of the total number of points available, this was higher than the CCG average (97%) and the national average (95%). The most recent published exception reporting was comparable to the CCG and national averages, the practice had 8% exception reporting, the CCG average exception reporting was also 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators showed the practice had achieved 93% of targets which was comparable to the CCG average (93%) and higher than 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%).

There was evidence of quality improvement including a comprehensive programme of clinical audits. These included audits for prescribing, diabetes, colorectal cancer, renal disease and respiratory disease.

- There had been eight clinical audits completed in the last year, four of these were completed audits where the improvements made were implemented and monitored. The practice acknowledged that despite the variety of audits completed, there was a limited number of two cycle audits and was a top priority.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was aware that within the CCG, GP's at the practice had been the highest prescribers of antibacterial items and completed various antibiotic prescribing audits. National guidance was shared with all GP's including information from the Royal College of General Practitioners in conjunction with Public Health England who had published TARGET toolkits (Treat Antibiotics Responsibly, Guidance, Education, Tools) to help practices analyse antibiotic prescribing and inform patients about self-care and the need to avoid antibiotics where possible.
- Furthermore, we saw a recent single cycle clinical audit which commenced in October 2015 to review antibiotic prescribing habits for acute otitis media (an infection of the middle ear which is common in children and associated with pain and fever). On review, this audit indicated that the prescribing habits were in line with the recommend national guidance.
- Actions following these audits included educating patients on antibiotic resistance. Antibiotic resistance is driven by overusing antibiotics and prescribing them inappropriately. When antibiotics lose their effectiveness and therefore become resistant. The more antibiotics are prescribed, the greater the chance bacteria will become resistant to them and they can no longer be used to treat infections.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we spoke with one of the nurses who had recently attended a two day diabetes care planning update prior to her involvement in a diabetic care plan project the practice was supporting.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Information from Public Health England showed 94% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was comparable when compared to the CCG average (96%) and national average (94%).
- A dietician was available on the premises and smoking cessation advice was available from two practice nurses at the practice.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average (84%) and the national average (82%). There was a policy to offer reminders for patients who did not attend for their cervical screening test.

There was partial success in practice patient's attendance at national screening programmes for bowel and breast cancer screening. For example:

Are services effective?

(for example, treatment is effective)

- 62% 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%).
- 68% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was lower when compared to the CCG average (76%) and the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given at the

practice to under two year olds ranged from 96% to 99% (CCG averages ranged between 95% to 97%) and five year olds from 96% to 99% (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 883 patients for their NHS health check (patients aged 40-74). This was achieved as 1,220 patients were invited and 502 patients had a full health check. 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. During the inspection we observed a member from the reception team support a vulnerable patient who was experiencing vision problems and confusion. This support including sitting with the patient until the GP came to collect the patient from the waiting area.

- 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 30 patient Care Quality Commission comment cards we received were positive about the service experienced. The cards completed were all overwhelmingly positive and highly complementary about the practice.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs. For example:

- 93% of patients said the GP was good at listening to them (CCG average 91%, national average 89%).
- 91% of patients said the GP gave them enough time (CCG average 88%, national average of 87%).

- 99% of patients said they had confidence and trust in the last GP they saw (CCG average of 96%, national average 95%).
- 94% 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 last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 86% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Feedback from the local care home for adults with severe learning and physical disabilities which Water Meadows Surgery provided the GP service for was extremely positive. They highlighted the GPs were good at listening and commented the GPs were respectful, supportive, compassionate and caring.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on 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 for consultations with GPs were above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 93% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 83% 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 members were aware there was a translation services available for patients who did not have English as a first language. Staff who were aware of this said there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. In May 2016, the practice patient population list was 12,387. The practice had identified 155 patients, who were also a carer; this amounted to 1.3% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

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.

- The practice offered a variety of pre-bookable extended hours appointments on alternate Saturday mornings, alternate Tuesday and Wednesday evenings until 8.30pm and two mornings each week had pre-bookable appointments available from 7am. Originally implemented for working patients who could not attend during normal opening hours but there was no restrictions on who could book these appointments.
- Although there were seven GP Partners, 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.
- 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.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Water Meadow Surgery was accessible for people with disabilities and mobility difficulties. We saw that the waiting areas used for the ground floor 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 step free access via an automatic door entrance, a lowered reception desk and a portable hearing loop to help those with hearing difficulties. We saw patients who had difficulty managing stairs were able to see their usual or preferred GP in one of the seven ground floor consulting rooms.
- Staff told us there was an open policy for treating everyone as equals and there were no restrictions in

registering. For example, staff told us homeless travellers would be registered and seen without any discrimination. This enabled homeless patients to receive appropriate care and treatment.

Access to the service

The practice has core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.20am to 5.50pm daily. Extended opening hours were on alternate Saturday mornings when the practice was open between 8am and 11am, alternate Tuesday and Wednesday evenings when the practice was open until 8.30pm. In addition, two mornings each week had pre-bookable appointments available from 7am.

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

- 75% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).
- 85% of patients said they could get through easily to the practice by telephone (CCG average 76%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them. We viewed the appointments system during the inspection and saw routine appointments were available on the day of and day after the inspection.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was detailed in the patient leaflet. Staff we spoke with were aware of their role in supporting

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

patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had received 24 complaints in the last 12 months, we looked at a random sample of five complaints 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 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.

The practice had reviewed and responded to most feedback on NHS Choices website, sought patients' feedback and engaged 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

Vision and strategy

- The practice had a clear vision to deliver personalised high quality care and promote good outcomes for patients. There was a core principle of learning for all staff embedded into the culture of the practice. All staff we spoke with placed patient care at the heart of our discussions.
- Whilst the practice did not have a documented strategy it did have a business plan which addressed business needs, staff training needs and staff succession planning. We saw the supporting business plans reflected the vision and values of the practice and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice and results from the GP national survey was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice acknowledged that they needed to increase the number of completed two cycle clinical audits.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality

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

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

- The practice gave affected 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice was a GP training practice. We spoke with one GP Registrar who spoke of the quality of leadership and support received at the practice. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback and comments from a patient survey in March 2016, the practice had re-designed and improved their website ensuring this was more user friendly and interactive. Other actions following the survey included providing patients with an opportunity to comment on services and increase the frequency of the practice newsletter.
- The practice had gathered feedback from staff through social events, informal coffee mornings, staff meetings, appraisals and other discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had recently commenced diabetic care planning for patients with diabetes. The care plans allow patients to be more involved in decisions about how their diabetes is managed and gives patients a say in the care they receive for their diabetes.

One of the nurses told us the care plans can help patients understand their results; provide patients with information and advice whilst talking about different options – for example, different types of medicines available.