The Cedars 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	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?	Requires improvement

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection October 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at The Cedars Surgery on 27 February 2018. We carried out this inspection to follow up on concerns raised at the previous inspection. Although there were no breaches of regulation, the practice was previously rated as requires improvement for providing Effective services.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines. The practice had reviewed their exception reporting data and made changes to improve, although it was too early for the verified data to be published. Child immunisation data showed the practice had not achieved the 90% national target for three of the four vaccines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. However, patient satisfaction with GP care was below local and national averages for some aspects of care.
- The practice had reviewed the telephone system and were making changes to improve access to appointments.
- There was a governance structure and practice policies in place. However, the governance arrangements had not identified missing references

Summary of findings

from recruitment files or the need for a Disclosure and Barring Service risk assessment. They had also failed to review the complaints processes to include the health ombudsman and a verbal complaints log.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

- Review processes for increasing compliance with the national childhood vaccination programme.
- Ensure practice oversight of performance related to exception reporting.

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

Summary of findings

The six population groups and what we found

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

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

The Cedars 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 second CQC inspector.

Background to The Cedars Surgery

The Cedars Surgery is located in purpose built premises near the town centre of Maidenhead. It holds a general medical services contract to provide GP services to approximately 10,600 patients. Services are provided by The Cedars Surgery and the lead GP is the registered manager. (A registered manager is a person registered with the CQC to manage the service. They have a legal responsibility to meet the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run). The Cedars Surgery is part of Windsor, Ascot and Maidenhead Clinical Commissioning Group.

All services and regulated activities are provided from:

8 Cookham Road, Maidenhead, Berkshire, SL6 8AJ

Online services can be accessed from:

www.thecedarssurgery.co.uk

According to data from the Office for National Statistics this area of Berkshire has high levels of affluence and low levels of deprivation. However, there are pockets of high deprivation within the practice boundary which affects registered patients. The practice has a predominantly higher proportion of working age patients (aged between 25 and 40 years) compared to the national average. The ethnic mix of patients is predominantly white with approximately 19% of registered patients belonging to black and other minority ethnic groups.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a number of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We looked at seven staff recruitment files and found only one reference was contained in the files for five staff members. The practice told us they requested two references and the checklists were ticked to confirm two references had been received. The practice was unable to locate the second references for us to view. In addition, there was no DBS risk assessment for non-clinical staff for whom the practice had determined a DBS check was not required.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Nursing staff were designated as chaperones and had received a DBS check. We noted the GP and nurse workforce consisted of an all-female team (except for the current locum GP) and there were no designated male chaperones. The practice told us they would ask the male locum GP to chaperone, if available or suggest male patients attend the federated GP hub service where male staff were available.
- There was an effective system to manage infection prevention and control. The lead nurse for infection control had not received any enhanced training for the role. They worked with the infection prevention and control (IPC) lead nurse for the Clinical Commissioning Group (CCG) and received regular updates. The CCG had not offered any enhanced IPC training and there were no immediate plans to do so.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Good

Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice identified a safety concern with medical equipment following a clinical emergency. The electrocardiograph (ECG) application on the computer systems was only available on computers on the first floor but a patient required an ECG on the ground floor. Following the incident the practice initiated the ECG application on some computers on the ground floor. (An ECG is a test that measures the electrical activity of the heart)

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for antibiotic and antibacterial medicines was in line with local and national averages, whilst prescribing for hypnotic medicines was below local and national levels.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice had not formally commenced health checks for patients aged over 75. However, many of the patients that were eligible had a known long term condition that required a full assessment of their health and were offered a general health check as part of their long term condition review.
- The practice had reviewed older patients at risk of falls following a rise in non-elective admissions. Patients at high risk were referred to falls prevention services and the falls clinic. Between 2015 and 2017 the rate of non-elective admissions from falls had reduced by 37%.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Data from the 2016/17 Quality and Outcomes Framework showed overall practice achievement for many long term conditions was in line with, or above, local and national averages. For example, diabetes total indicators were at 86% compared with the national average of 91%.
- The practice was implementing a new care and support planning process for diabetes care to enable patients to be more actively involved in their care with support from healthcare services.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was below the target percentage of 90% for three of the four national immunisation indicators in 2016/17. The practice had reviewed their local population and identified a small number of parents who had declined some child vaccines due to religious reasons (the vaccines contained swine products). The practice had offered an alternative vaccine to this group of patients. The practice had communicated with NHS England regarding the low figures as they had only recently become aware they had not achieved the national standard. They had received a communication stating they were required to vaccinate an additional four patients to achieve the 90% target. The practice had also arranged to meet with Child Health Information Service to further discuss how they could achieve the 90% target.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening in 2016/17 was 63%, which was below the 80% coverage target for the national screening programme. Exception reporting was 24% for the same period. The practice showed us

Good

Are services effective?

(for example, treatment is effective)

their current (unverified) figures which demonstrated they had achieved 83% as of 1 March 2018. They were unable to show us their current exception reporting figures.

- Since the last inspection in October 2016, the practice had reviewed their cervical smear exception reporting processes and identified some errors in coding patients on the practice computer system. They identified 761 patients as being coded incorrectly or inappropriately. This included some male patients and some women who were outside the recommended age range (25-65) who had been coded as eligible for screening. Upon further review, the practice determined that clinical staff had exception reported 34 patients (representing approximately 2% of the eligible population). In response to the concerns identified with the cervical smear exceptions, the practice had updated their clinical prompt templates and initiated a new protocol to inform the clinical lead of all cervical smear exceptions with a defined reason. The practice proactively ran a text messaging recall for eligible female patients to attend for screening between October 2017 and January 2018. The text messaging system offered women the opportunity to refuse the screening and they were then excluded from the data. As the exception reporting data had not been fully collected for 2017/18, it was difficult to determine if these changes had impacted on the exception figures.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 23% of patients with a learning disability had received a health check in the preceding 12 months. A further 66% had an appointment booked for their health review. The practice confirmed their end of year figures after the inspection which demonstrated they had achieved 83% for 2017/18.

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

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 93%; CCG average 95%; national average 91%); and the percentage of patients experiencing poor mental health who had received a blood pressure check (practice 93%; CCG average 94%; national average 90%).

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice was actively involved in quality improvement activity and used information about care and treatment to make improvements. Where appropriate, clinicians took part in local and national improvement initiatives. For example, following a medicines alert from the Medicines and Healthcare products Regulatory Agency (MHRA), the practice undertook an audit of Adrenaline auto-injectors (Adrenaline is a first line treatment for life threatening allergic reactions known as anaphylaxis. An auto injector is a pre-filled injection that a patient can administer themselves or can be administered by another person safely and quickly in an emergency). The MHRA alert highlighted that all patients requiring an Adrenaline auto-injector should have two prescribed and be educated to carry them with them at all times. The practice found 27 patients had an Adrenaline auto-injector prescribed. Of these, 25 patients had two Adrenaline auto-injectors prescribed. As part of the audit, the practice also reviewed the dosage prescribed and found 18 of the 27 patients had the incorrect dose prescribed to them. The practice discussed the findings at a clinical meeting, ensured all

Good

Are services effective?

(for example, treatment is effective)

prescriptions were for two injections per patient and contacted patients with incorrect dosages to update them on changes. They also followed up on children's weights to ensure they were prescribing the most appropriate dosage based on accurate measurements. The second audit demonstrated there were 27 patients registered as requiring an Adrenaline auto-injector. All 27 had two prescribed and they were all for the correct dosage for each individual patient.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the CCG average of 99% and national average of 96%. The overall exception reporting rate was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Following the last inspection the practice had reviewed and audited their exception reporting procedures and implemented a number of changes to ensure care and treatment reflected appropriate guidelines. For example, the practice found they had some patients registered as housebound that had not received a flu vaccine. These patients had been exception reported previously. The practice recognised they had not considered this group of patients when offering the flu vaccine during routine flu clinics. The nursing team visited patients at home to facilitate the flu vaccine and ensure these patients were include in the data collection. The practice were not due to submit their final data until 31 March 2018 and they were confident exception reporting had reduced.

Exception reporting was discussed at clinical meetings and notes were reviewed for all patients who had previously been exception reported to ensure the clinical record reflected this decision. Future exceptions had to be agreed by a clinical lead.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice had commenced a pilot scheme with the CCG for social prescribing personnel to attend the practice and review the social needs of their patients. GPs and nurses could refer any patient to this service.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The practice also showed us positive patient feedback received by email and through social media.

Results from the July 2017 annual national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. Of the 277 surveys sent out, 112 were returned. This represented about 1% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and in line with local and national averages for nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 74% of patients who responded said the GP gave them enough time; CCG average- 85%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 96%.
- 75% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average – 86%; national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; CCG average - 91%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG average - 91%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 97%; national average - 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 91%; national average - 91%.
- 71% of patients who responded said they found the receptionists at the practice helpful; CCG average - 84%; national average - 87%.

The practice had reviewed the survey results and were aware of the low satisfaction scores for GPs. They told us they had discussed the results and considered the reasons for the below average results, such as high trainee GP turnover and staff attitude. The practice was considering introducing 15 minute appointments to offer a longer consultation period. They had also reviewed GP workstreams to identify areas where they could improve.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The practice had developed a communication tool to identify ways to communicate with patients with a learning disability. The tool had been distributed to all the patients on their learning disability register and they were reviewing and documenting patient preferred methods of communicating.

Good

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They worked closely with the local Healthwatch and a locally funded carer's service. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 230 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice had been awarded the carers cup from a local carer's organisation in recognition of the number of patients that had been referred to them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients offered a mixed response to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for nurses, but below average for GPs:

- 74% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 66% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 81%; national average - 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 90%; national average - 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 85%; national average - 85%.

The practice was aware of the below average scores for their GPs and were working to identify areas where they could improve.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered extended opening hours, online services such as repeat prescription requests and a telephone consultation service.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice was reviewing the internal signage to improve visibility for patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had commenced a pilot of social prescribing with the clinical commissioning group (CCG) and were identifying needs of older patients to signpost them to other services such as voluntary services.
- The practice referred older patients to an activity club at a local leisure centre to promote social and physical wellbeing through exercise and rehabilitation.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with local healthcare teams to discuss and manage the needs of patients with complex medical issues.
- Nurses led on chronic disease management for diabetes, asthma and Chronic Obstructive Pulmonary Disease (a lung condition). The practice had developed care plan templates for various long term conditions and encouraged patients to be involved in their care planning.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered pre-natal and ante-natal care to patients and a midwife from the local hospital was available two days per week for consultation.
- Family planning services were offered to patients and the practice held a weekly clinic for fitting of long- acting reversible methods of contraception. In addition, one of the GPs had specialist training in genito-urinary medicine and could offer sexual health services, including testing for sexually transmitted infections.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, early morning opening hours and online services.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice telephone system allowed patients to book appointments and the practice text service offered reminders to patients about booked appointments.
- The practice was part of a federation of GP practices in the local CCG that offered extended hours services to

Good

Are services responsive to people's needs?

(for example, to feedback?)

patients who could not attend the practice during core working hours. The hub offered a variety of GP, Nurse and Healthcare assistant services every weekday evening from 6.30pm until 9.30pm, Saturdays from 9am until 5pm and Sundays from 9am until 1pm.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were available for patients with a learning disability or complex needs. Home appointments were available for patients who were unable to easily attend the practice.
- The practice had developed a communication card denoting preferences of communication and how information should be sent to patients on the learning disability register. One member of staff had been offered the opportunity to learn Makaton (a special form of sign language adapted for disabled patients) to offer enhanced communication services.
- GPs regularly attended a local homeless shelter to promote health and wellbeing services and offer information to the homeless community on the services available to them.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Targeted management plans for dementia had been created to offer advice to those with dementia and their carers. The management plans included key life decisions such as end of life and power of attorney.
- The practice held GP led mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The Healthcare assistant had been trained to offer opportunistic and teleconsultation dementia screening to at risk patients. Any patient identified as requiring further investigation was offered routine blood tests and a GP appointment. The number of identified and supported dementia patients had increased as a direct result of this intervention.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages, with the exception of telephone access which was below average. This was supported by observations on the day of inspection and completed comment cards. Of the 277 surveys sent out, 112 were returned. This represented about 1% of the practice population.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 74% and the national average of 80%.
- 58% of patients who responded said they could get through easily to the practice by phone; CCG average – 71%; national average - 71%.
- 47% of patients who responded said they usually get to see or speak to their preferred GP; CCG average – 54%; national average – 56%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 76%; national average - 76%.
- 78% of patients who responded said their last appointment was convenient; CCG average - 83%; national average – 81%.
- 73% of patients who responded described their experience of making an appointment as good; CCG average - 73%; national average - 73%.
- 62% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 61%; national average - 58%.

The practice was aware of the patient dissatisfaction with the telephone system and had recognised they needed to improve access. The automated telephone service for

Good

Are services responsive to people's needs?

(for example, to feedback?)

booking appointments often used up one of the lines into the practice which limited the amount of calls that could be taken. The practice had received quotes from telephone companies for installing a new telephone system.

In response to the accessing a GP of choice, the practice had initiated a telephone call back service so patients could receive a telephone consultation with their preferred GP. The patient response to this service was positive although it was too early to measure the impact.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice patient leaflet encouraged complaints to be made in writing, although this was not insisted upon. Six written complaints were received in the last year. We reviewed three complaints and found that there was a system for handling them but not always in a timely way. For example, one complaint was not acknowledged for 10 working days despite the patient leaflet and practice policy stating all acknowledgements would be within three working days.
- We found the health ombudsman had not been offered in one response letter and another complaint had been handled by a GP, but there was no record of the discussion with the patient or the outcome letter that was sent.
- We noted there was no verbal complaints log. We were told the majority of verbal feedback was for issues such as a missing prescription or patients not hearing back from a referral. However, as there was no log to identify themes or trends of these it was difficult to ascertain if there were any learning needs or reviews of systems required.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends of the written complaints. It acted as a result to improve the quality of care. For example, training was offered to staff in customer care, following complaints around staff attitude.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver good quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they were reviewing workforce and staffing skills requirements to plan for a new housing development which would increase the registered population by over 3,000 patients in the next two to three years.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff, who were eligible, had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The practice had recently organised a staff welfare session. Staff reflected how this made them feel valued.
- The practice had organised an away day for all staff at a local homeless shelter. Staff helped to make up backpacks of essentials including personal hygiene and food products which they then distributed to the local homeless community. Practice staff told us they felt more engaged with the local community and enjoyed sharing the experience as a team.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, governance arrangements had not identified all risks.

- There was a governance structure, to support practice processes, systems and management. The governance arrangements had not identified concerns with the references retained in the recruitment files or the risks

Are services well-led?

Requires improvement

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

associated with not undertaking a risk assessment for staff deemed not to require a background check. The practice provided a risk assessment of background checks after the inspection.
- Governance arrangements had not reviewed the complaints system to include the health ombudsman in written correspondence.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks and issues affecting service provision. However, monitoring of performance of the practice was inconsistent.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Oversight of clinical performance was inconsistently monitored. For example, the practice were unable to show us their current child immunisation uptake rates and were unaware the 2016/17 figures showed they had not achieved the 90% national target for three of the four indicators. They had requested the information from external stakeholders but were not yet in receipt of the information. On the day of the inspection they were unable to establish the data from their own clinical systems to demonstrate how they reviewed ongoing performance and identify where areas required improving or escalating. However, the provider was able to send us their childhood immunisation data the day after the inspection. The figures did not demonstrate an improvement on the 2016/17 data.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance was not always available to the practice. For example, the practice had not reviewed their own cervical smear uptake and exception reporting data. They had requested the information from the local public health team. The data had been collected from January 2017 to December 2017 but had not yet been sent to the practice. The practice were able to show us some unverified data after the inspection, but this did not demonstrate the practice had oversight of the data to monitor performance.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

Requires improvement

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). We spoke with one member of the PPG who told us the group met regularly and discussed patient feedback, complaints and local issues. The PPG had discussed did not attend (DNA) rates with the practice and helped the practice to make a decision to display DNA rates in the waiting room to highlight to patients how missed appointments had an impact on the availability of appointments and the service as a whole.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had recruited a second Advanced Nurse Practitioner as part of their succession planning and to assist with winter pressures.
- The practice reviewed incidents and complaints and undertook clinical audits. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met:** There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The provider had not considered the risks associated with not undertaking a DBS risk assessment for staff who did not receive a DBS check. • Recruitment files had not been maintained and second references were missing from some staff files. • Complaints were not always managed in accordance with practice policy and not all responses included details of the health ombudsman. The provider had not maintained a log of verbal complaints to monitor themes or trends to service provision. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.