

Kingswood Surgery

Quality Report

Kingswood 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Kingswood Surgery in High Wycombe, Buckinghamshire on 18 and 22 November 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, when we spoke with some members of staff we were told about other events that had occurred, that had been dealt with informally and not documented.
- Risks to patients were assessed and well managed in some areas, with the exception of those relating to fire safety.
- Training arrangements were consistent and there was a system to identify when staff had training and when it would need to be refreshed. However, there was no programme of staff appraisals.

- Patients said they found it difficult to make an appointment and telephone access was poor. This was collaborated by written and verbal feedback collected during the inspection. Further patients comments said, urgent and online appointments were always available and once an appointment was made the quality of care was excellent.
- Several members of staff described that in recent months the sense of team had disappeared and they felt undervalued. The same members of staff expressed a low level of job satisfaction and did not feel respected, valued, supported and appreciated.
- The practice had a lack of good governance and the number of concerns we identified during the inspection demonstrated this. At the start of the inspection, the practice advised several areas and governance arrangements required a review and improvement.

Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, recent participation in a local diabetes project.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

We saw one area of outstanding practice:

- In November 2015, Kingswood Surgery won the NHS Health Checks 'GP Practice Team of the Year' at the HEART UK NHS Health Check Awards. The HEART UK NHS Health Check Award rewards excellence in the NHS and recognised the hard work undertaken to provide NHS Health Checks.

The areas where the provider must make improvements are:

- Systems and processes must be established and operated effectively to ensure good governance.
- Implement a process to ensure that all safety incidents are recorded, investigated formally by the appropriate person, monitor incidents for trends and share learning and lessons learnt with the practice staff.

- Ensure there are mechanisms in place to identify and record all feedback from patients, including a further review of the outcomes of the national GP patient survey to determine appropriate action with a view to improving the patient experience. This should ensure feedback from patients through a patient participation group (PPG) is sought and acted upon.
- Implement the remaining actions identified in the risk assessment relating to fire safety, including staff training and fire drills.
- Implement a clinical audit schedule with the view to increase the level of clinical audit activity, ensuring quality improvement.
- Ensure staff receive appropriate support and appraisals according to their roles.

The areas where the provider should make improvement are:

- Review the systems in place to promote the benefits of cervical and bowel screening in order to increase patient uptake.
- Provide practice information in appropriate languages and formats.

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.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were thorough and lessons learned were communicated widely to support improvement. However when we were told of other events that had occurred, which had been dealt with informally and not documented.
- Risks to patients who used services were assessed, the systems and processes to address all these risks were implemented to ensure patients were kept safe. However, two recommendations following the fire risk assessment still needed completing.
- National patient safety and medicine alerts were disseminated within the practice in a formal way which included the in-house pharmacist and there was a system to record that these had been appropriately dealt with.
- The practice had comprehensive, clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. In 2015/16, the practice had achieved 96% of points (the local clinical commissioning group was 98% and the national average was 95%). This was comparable on the previous year's QOF performance which was also 96%.
- We saw limited evidence of quality improvement, including clinical audit. At the start of the inspection, the practice acknowledged there had not been a planned approach or programme of clinical audits. This was being addressed, was a top priority and would include members of the nursing team completing audits.

Summary of findings

- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- There was no appraisal programme for practice staff, the last recorded appraisal was in March 2014.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, alliances were being strengthened with the local care home for patients with learning disabilities who access primary care GP services from Kingswood Surgery. They told us the relationship between the two services was effective and met the complex needs of their residents.
- In November 2015, Kingswood Surgery won the NHS Health Checks 'GP Practice Team of the Year' at the HEART UK NHS Health Check Awards. The HEART UK NHS Health Check Award reward excellence in the NHS and recognise the hard work undertaken to provide NHS Health Checks.

Are services caring?

The practice is rated as good for providing caring services.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Verbal and written patient feedback highlighted patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.
- Furthermore data from the latest national GP patient survey (published in July 2016) showed that patients rated the practice highly for most aspects of care. For example, 88% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care. This was slightly higher when compared to the local clinical commissioning group (CCG) average (85%) and national average (85%).
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- 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.
- The practice had good accessible facilities and was well equipped to treat patients and meet their needs.
- Data collected via the national GP patient survey reported patients found telephone access was poor. For example, 44% of patients said they found it easy to get through to Kingswood Surgery by telephone. This was significantly lower when compared to the CCG average and national average which was both 73%.
- Furthermore, 31% of patients said they usually wait 15 minutes or less after their appointment time to be seen. This was significantly lower when compared to the CCG average (66%) and national average (65%).
- The practice was fully aware of the latest results and had completed various actions to improve the overall patient experience. Completed actions had included increasing the number of GP sessions per week, strategic use of locum GPs and the successful recruitment of a salaried GP due to commence February 2017. Furthermore, to address telephone access problems, the practice implemented a new system to ensure advice was given to the patient about their concerns and appointments offered appropriately. However, these changes had only taken place in September 2016 and it was too early to assess whether the changes made were effective.
- Verbal and written feedback received on the day of the inspection, was aligned with the results from the national GP patient survey regarding low levels of satisfaction regarding access.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where improvements should be made.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Requires improvement



Summary of findings

- There was a clear practice specific policies and procedures to govern activity. However, these were not always implemented effectively.
- 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 knowing about notifiable safety incidents.

However, there was a lack of clinical leadership and governance framework to support the delivery of good quality care. The number of concerns we identified during the inspection reflected this. For example, monitoring of specific areas required improvement, such as:

- Significant event documentation, fire safety, uptake of some national screening programmes, telephone access, lack of an appraisal programme, poor patient feedback and an inactive patient participation group.

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 requires improvement for the care of older patients. The practice was rated as requires improvement for effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Approximately, 5% of patients are over 75 years of age, they all have a named GP and offered same day appointments.
- Kingswood Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages. For example, Kingswood Surgery performance for osteoporosis (osteoporosis is a condition that weakens bones, making them fragile and more likely to break) indicators were higher than both the local and national averages. The practice had achieved 100% of targets which was higher when compared to the CCG average (96%) and the national average (88%).

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The number of patients registered at Kingswood Surgery with a long-standing health condition was lower than local and national averages. For example, 46% of patients had a long-standing health condition, this was lower than the local CCG average (52%) and national average (54%). A high prevalence of long-standing health conditions could increase demand for GP services.

Requires improvement



Summary of findings

- The practice was active in a local diabetes project to reduce clinical variation within the clinical commissioning group (CCG) and encourage patients to self manage their diabetes medicines.
- Performance for diabetes related indicators showed Kingswood Surgery had achieved 85% of targets which was lower when compared to the CCG average (95%) and the the national average (90%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with local averages and higher than national averages for all standard childhood immunisations.
- Staff spoke highly of the Safeguarding lead within the practice and highlighted recent cascades of safeguarding information including child sexual exploitation as highly valuable.
- 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 91%, which was higher when compared to the CCG average (84%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as requires improvement for effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- Services were flexible, provide choice and ensure continuity of care for example, telephone consultations were available for patients that chose to use this service.
- There was a range of appointments including early morning and evening appointments. These appointments were specifically for patients not able to attend within normal working hours but there was no restrictions to other patients accessing these appointments.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, those with caring commitments and those with a learning disability.
- Kingswood Surgery provided GP services to a local care home for adults with learning disabilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 90% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was similar when compared to the CCG average (92%) and the national average (89%).
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar when compared to the local CCG average (85%) and the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had lower performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. Specifically, Kingswood Surgery patient's satisfaction for aspects relating to accessing care and treatment at the practice was significantly lower than CCG and national averages. On behalf of NHS England, Ipsos MORI distributed 282 survey forms and 110 forms were returned. This was a 39% response rate and amounted to approximately 1% of the patient population.

- 44% of patients found it easy to get through to this practice by telephone (CCG average 73%, national average 73%).
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 76% of patients described the overall experience of this GP practice as good (CCG average 86%, national average 85%).
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average 78%).

During the inspection we discussed these survey results and low levels of patient satisfaction, specifically around telephone access.

The practice was fully aware of the latest results and had completed various actions to improve the overall patient experience. Completed actions had included increasing the number of GP sessions per week, strategic use of locum GPs and the successful recruitment of a salaried GP due to commence February 2017.

Furthermore, to address telephone access problems, the practice had reviewed the waiting time for incoming calls into the practice implemented a new system to ensure advice was given to the patient about their concerns and appointments offered appropriately.

We saw meetings scheduled every two weeks with all the GPs and reception team to ensure patient feedback and suggestions were discussed to improve and continually review the amendments to the service.

However, these changes had only taken place in September 2016 and it was too early to assess whether the changes made were effective.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 31 comment cards which all gave a positive view on the standard of care received. However, half of the cards (16 out of 31), commented telephone access was a problem.

We spoke with five patients during the inspection. Verbal feedback aligned to comment cards, praising the quality of care but reporting telephone access as a concern. Two patients we spoke with commented that improvements had been made, telephone consultations were successful and the overall patient experience was improving.

We also spoke with a local care home for patients with learning disabilities who access primary care GP services from Kingswood Surgery. They told us the practice was responsive to patients needs including complex medicine needs and treated them with dignity and respect.

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

There was limited promotion of the NHS Friends and Family Test within the practice and the amount of responses was not representative of the number of patients using the service. For example, in the last four months (October 2016, September 2016, August 2016 and July 2016) there had only been 10 responses.

Using the most recent data, both of the responses (two responses) collected in October 2016 were extremely unlikely to recommend Kingswood Surgery.

Kingswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Kingswood Surgery

Kingswood Surgery is a GP practice located in Totteridge in High Wycombe, Buckinghamshire. The practice opened in 1992, as a result of two town centre practices amalgamating. An extension to the building, increasing the size of the practice was completed in 2016. Kingswood Surgery is one of the practices within Chiltern Clinical Commissioning Group (CCG) and provides general medical services to approximately 10,400 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

- Kingswood Surgery, Hollis Road, Totteridge, High Wycombe, Buckinghamshire HP13 7UN.

According to data from the Office for National Statistics, Buckinghamshire has mid to high levels of affluence, low incidence of substance misuse and severe mental health problems. However, the Kingswood Surgery is located within a pocket of deprivation.

Ethnicity based on demographics collected in the 2011 census shows there is ethnic diversity within the population of Totteridge and the surrounding area. Approximately 20% of the population is composed of people with an Asian background and 7% of people with a

black background. In addition, Totteridge has a growing Eastern European community; this is reflected in the patient population list, as there are a growing number of Polish patients registered with Kingswood Surgery. The ethnic diversity within the population creates a transient patient population; patients are often outside of the country for long periods, which has an impact on screening and recall programmes.

The age of the practice population is largely similar when compared to the national averages; however there are a higher proportion of children aged below nine years of age registered at the practice. The prevalence of patients with a long standing health condition is 46% compared to the local CCG average of 52% and national average of 54%.

Kingswood Surgery also provides primary care GP services for a local care home for adults with complex learning disabilities (approximately five patients).

The practice comprises of three GP Partners (two female and one male) who are supported by three salaried GPs (two female and one male). An additional female salaried GP is due to start employment with the practice in February 2017. There is a clinical pharmacist working at the practice.

The all-female nursing team consists of one nurse practitioner, three practice nurses and a health care assistant who also performs phlebotomy duties.

The current practice manager is due to leave the practice in December 2016, the new practice manager commences employment in December 2016. A team of reception, administrative and secretarial staff support the GPs and practice manager undertake the day to day management and running of Kingswood Surgery.

Kingswood Surgery is open between 8am and 6.30pm Monday to Friday (appointments between 8am and

Detailed findings

5.30pm). Each week extended hours for pre-bookable appointments were available every Thursday and Friday morning between 7am and 8am, and every Tuesday evening between 6.30pm and 8pm.

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 both practices 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 announced visits to Kingswood Surgery on 18 and 22 November 2016. During our visits we:

- Spoke with a range of staff. On the 18 November 2016 this included GPs, a nurse, health care assistant, the new practice manager and several members of the administration and reception team. On the 22 November 2016 we revisited the practice to speak with staff that had not been available at our initial visit, notably the current practice manager.
 - Also spoke with five patients who used the service and the local care home for adults with learning disabilities which Kingswood Surgery provide primary care GP services for.
 - Observed how patients were being cared for.
 - Reviewed an anonymised sample of the personal care or treatment records of patients.
 - Reviewed 31 Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.
 - Reviewed records relevant to the management of the service.
 - Carried out observations and checks of the premises and equipment used for the treatment of patients.
 - Circulated staff surveys at the inspection and received four responses.
- 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 a system in place for reporting and recording significant events, but staff told us systems were inconsistently applied.

- The practice had a significant event policy available on the practice computer system.
- 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).
- The practice had documented four significant events in the past 12 months. However when we spoke with staff we were told about other events that had occurred, that had been dealt with informally and not documented. This did not comply with the practice's significant event policy. As the practice did not record all significant events, the practice could not monitor all incidents for trends, patterns or share learning/lessons learnt with the practice team.
- Of the incidents that had been recorded and investigated, we saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the documented significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The clinical pharmacist worked alongside the GPs to ensure patient safety alerts, including Medicines and Healthcare products Regulatory Agency (MHRA) alerts were reviewed and actioned. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we discussed a significant event that

on review, identified several healthcare professionals, within primary and secondary care, who had missed opportunities to identify a patient who had failed to attend their GP and hospital appointments.

The practice took advice from the local safeguarding lead. We saw evidence that practice learning had been shared with the hospital team and action was taken to improve safety in the practice. This included a full comprehensive significant event analysis following the incident which led to the review of the safeguarding policy and implementation of a more thorough 'Did Not Attend' policy, supporting processes and correspondence. All patient facing members of staff we spoke with were aware of the change in process and new policy.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. One of the significant events we reviewed included detailed correspondence with local safeguarding agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- Notices in the reception and waiting area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services safe?

- Kingswood Surgery maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses had been appointed as the infection control lead. They had attended external training and had allocated time to complete this extended role which included liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place for the practice and all practice staff had received up to date training. Annual infection control audits were undertaken. We saw the latest audit for Kingswood Surgery completed in July 2016. We reviewed subsequent action that was taken to address any improvements identified as a result, for example replacing the alcohol hand gel dispenser in the entrance lobby to reduce the risk of cross contamination.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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

The majority of risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. During

the inspection, we saw that the health and safety policy displayed did not reflect the current health and safety arrangements, this included incorrect contact details of the local health and safety representatives. Once highlighted to the practice, this was resolved and updated immediately. Kingswood Surgery had an up to date fire risk assessment, which was completed in June 2016. This assessment highlighted seven recommendations and areas which required immediate action. During the inspection, we saw five of the seven areas had been resolved. Of the two remaining recommendations, the practice was working with other local practices to organise additional fire warden training. The remaining recommendation that had not been completed was completion of six monthly fire drills. The new practice manager was aware of this and had a schedule of fire drills planned. All electrical equipment was checked (November 2016) to ensure the equipment was safe to use and clinical equipment was checked (June 2016) to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and a legionella assessment. The legionella risk assessment was completed in April 2016. 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 to ensure enough staff were on duty at peak times of the day. Kingswood Surgery had experienced a significant amount of change in staff in the previous two years; as a result the practice had a strategic approach for the use of locum GPs, nurses and reception staff to respond to patient demand.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms

Are services safe?

which alerted staff to any emergency. All staff we spoke with knew how to access the instant messaging system and the emergency arrangements if the system was activated.

- All staff received annual basic life support training and there were emergency medicines were available.
- 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 secure areas of the practice. Clear signage throughout

the practice identified the location of the emergency medicines and emergency equipment, all staff knew of their location and all the medicines we checked were in date and stored securely. When checking the emergency medicines, we saw the practice held additional emergency medicines to further ensure all potential emergencies could be managed.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available; this was similar when compared to the local CCG average (98%) and the national average (95%). The most recent published exception reporting was better when compared to the CCG and national averages, the practice had 4% exception reporting, the CCG average exception reporting was 8% and the national average was 10%. (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 level of QOF performance and low levels of exception reporting was similar when compared to the previous year's performance which was also 96% and exception reporting 5%.

Data from 2015/16 showed the practice was in line the QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed Kingswood Surgery had achieved 85% of targets which was lower when compared to the CCG average (95%) and the national average (90%). We discussed the lower levels of performance for diabetes related indicators

and saw evidence that the practice levels of exception reporting for diabetes (5.1%) was better when compared to the local CCG (9.4%) and national averages (10.8%). This low level of exception reporting ensured diabetic patients received appropriate care and treatment.

- Performance for hypertension (high blood pressure) related indicators showed Kingswood Surgery had achieved 98% of targets which was similar when compared to a CCG average (99%) and the national average (97%).
- Performance for mental health related indicators showed Kingswood Surgery had achieved 90% of targets which was lower when compared to the CCG average (95%) and similar when compared to the national average (93%).

During the inspection we saw limited evidence of quality improvement, including clinical audit. At the start of the inspection, the practice acknowledged there had not been a planned approach or programme of clinical audits. This was being addressed, was a top priority and would include members of the nursing team completing audits commencing with audits within their specialist fields for example, respiratory disease. We saw the practice manager had disseminated updated clinical audit guidance and in August 2016 sent examples of audit cycles to ensure the team was ready to proceed and increase audit activity.

- We saw the clinical audits had been discussed at the practice team meetings, reflected upon and learning shared with the full practice team. Furthermore, we saw the practice participated in local audits (Diabetes Project – Wycombe locality within the CCG), national benchmarking, accreditation and peer review.
- There had been four clinical audits completed in the last year, one of these was a completed audit where the improvements made were implemented and monitored.
- We reviewed all four clinical audits and saw findings from the completed two cycle audit were used by the practice to improve services. For example, a two cycle clinical audit completed in August 2016 had reviewed the management of oral anticoagulants within Kingswood Surgery patients. Anticoagulants are

Are services effective?

(for example, treatment is effective)

medicines that help prevent blood clots. Anticoagulants are given to people at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks.

- The first audit cycle identified three patients out of a search sample of 20 patients (15%), were on appropriate oral anticoagulants treatment but the reason was not documented in several cases. We saw this was discussed at a clinical meeting and included a detailed discussion to ensure records clearly detailed and documented the reasons why patients were not on treatment. The second audit cycle, showed an improvement and highlighted 13 of the previous 17 patients (approximately 76%) were now on appropriate oral anticoagulants, an improvement of 61%. The remaining four patients had been referred to their GP for a review and referral to the anticoagulant clinic if appropriate. Whilst improvement had been demonstrated the practice was aware they needed to maintain this standard.

Effective staffing

The practice could demonstrate that staff had all the skills, knowledge and experience to deliver effective care and treatment. However, improvements were required as there was no appraisal programme.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Practice staffing included GPs, nurses, a nurse practitioner, healthcare assistant, managerial and administrative staff. We reviewed staff files and saw that there were records of some training in areas such as hand hygiene and infection control, medical emergencies, and safeguarding adults and children.
- There was a training log to identify whether staff had training or when they would require it again. During the inspection, we cross referenced training certificates in staff files and discussions with staff members and saw in the vast majority of cases the training log corresponded to the completed training. However, we highlighted several errors where the details in the log did not correspond with the actual training. This was immediately rectified on the day of the inspection by the new practice manager.

- From the training log, staff files and following discussions with staff, we saw staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff did not receive regular appraisals of their performance to identify training, learning and development needs. Our discussions with staff who had worked at the practice for more than 12 months, confirmed staff had not had an annual appraisal in the preceding years. Discussions with the current practice manager identified the last appraisal programme was between December 2013 and March 2014. The last recorded appraisal was in March 2014.
- We saw evidence that re-introducing a programme of appraisals was a top priority. The new practice manager had contacted every member of staff to arrange an informal appraisal in December 2016 and aimed to complete formal appraisals within eight weeks of the inspection.
- Despite the lack of appraisals, the practice could demonstrate various examples of role-specific training and updating for relevant staff. For example, the increased demand on reception staff had subsequently resulted in several challenging discussions between the reception team and patients. As a result and to improve patient experience and reception staff confidence, in April 2016 the reception team had an in-house training session on how to handle difficult situations within general practice.

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.

Are services effective?

(for example, treatment is effective)

- 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, alcohol cessation received support or were signposted to the relevant service.
- Information from Public Health England showed 100% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared with the CCG average (92%) and the national average (88%). Smoking cessation advice was available every Tuesday afternoon.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. In 2015, there were 51 patients on the

Learning Disabilities register and 40 of these patients had an annual health check. In 2016, the number of patients on the register had reduced to 48 patients, 28 of these patients had an annual health check. The practice was aware of the reduction in completed health checks and was highlighted as an area for improvement.

Further evidence of the cultural challenges and a transient patient population; impacted the practices cervical screening programme, for example:

- The practice's uptake for the cervical screening programme was 91%, which was higher when compared to the CCG average (84%) and the national average (82%). However, the exception reporting for cervical screening was significantly higher when compared to local CCG and national averages. The practice advised this level of exception reporting was appropriate given the ethnic diversity, cultural beliefs and transient patient population. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Furthermore, data from Public Health England indicated partial success in patients attending national screening programmes:

- 51% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was lower when compared to the CCG average (59%) and national average (58%).
- 73% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and the national average (72%).

Childhood immunisation rates for the vaccinations given were similar when compared to CCG averages and higher when compared to national averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 93% and 96%, (CCG averages ranged between 95% and 97%, national averages ranged between 73% and 95%) and five year olds from 89% and 98% (CCG averages ranged between 93% and 98%, national averages ranged between 81% and 95%).

Are services effective?

(for example, treatment is effective)

In November 2015, Kingswood Surgery won the NHS Health Checks 'GP Practice Team of the Year' at the HEART UK NHS Health Check Awards. The HEART UK NHS Health Check Award rewarded excellence in the NHS and recognised the hard work undertaken to provide NHS Health Checks.

This award acknowledged the new processes implemented by the practice in 2014. Notably an overall improvement in

the number of health check invitations (increased from 91 invitations in 2013, to 561 in 2016) and completed health checks (increased from 75 completed assessments in 2013, to 236 in 2016). We also saw appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was not a private room or private area away from the busy reception desk for staff to speak with patients when they wanted to discuss sensitive issues or appeared distressed. The practice was experiencing a significant increase in demand which resulted in occasions where patients crowded around the reception. The practice had implemented various systems including additional signage to reduce this from happening.

All of the 31 patient Care Quality Commission comment cards and the five patients we spoke with were positive about the quality of care received. Patients comments highlighted they felt the staff were helpful, caring and treated them with dignity and respect. Several comments we received referred to the tolerance and compassion from reception staff despite occasions when the increase in demand resulted in challenging situations.

The written and verbal feedback aligned with the results from the national GP patient survey; however several results were below local and national averages. For example:

- 83% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 90%, national average 89%).
- 87% of patients said the last GP gave them enough time (CCG average 88%, national average 87%).
- 83% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 93% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).
- 93% of patients said the nurses gave them enough time (CCG average 93%, national average 92%).
- 83% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Verbal and written patient feedback highlighted patients 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. We also saw that care plans were personalised and patient specific which indicated patients and their carers were involved in decisions about care and treatment.

Results from the national GP patient survey in relation to questions about patient involvement in planning and making decisions about their care and treatment was mixed. For example, responses regarding GPs were lower than local CCG and national averages, whilst responses regarding nurses were similar to local CCG and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 79% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 94% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

There was ethnic diversity within the patient population, notably patients with an Asian background and a growing number of Eastern European patients. All staff we spoke

Are services caring?

with were aware that translation services were available for patients who did not have English as a first language. During the inspection, we saw notices informing patients that this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting areas and on the practice website which told patients how to access a number of support groups and organisations. However, there was no practice information available in the variety of languages that patients spoke. The new practice manager was already aware of this and was reviewing the information available including signage within the practice to ensure it was suitable for all patients and was appropriate for the ethnic diversity within the practice.

The practice's computer system alerted GPs if a patient was also a carer. In November 2016, the practice patient population list was 10,378. The practice had identified 153 patients, who were also a carer; this amounted to 1.5% of the practice list. Carers information leaflets and notices from a local carers charity were available.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This included a practice specific sympathy card which was 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 most of the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. There were consultation rooms on the ground floor and the first floor. Patients with mobility difficulties were flagged on the patient record system to enable staff to ensure they had a ground floor consultation room. The practice had a portable hearing loop to help patients who used hearing aids. Although the practice had a step free access there was no automatic door entrance to help those with mobility difficulties or a lowered reception desk.
- The practice had reviewed patient feedback regarding confidentiality at the reception desk. Confidentiality posters were displayed, to promote private confidential conversations and the practice had a system to allow hand written notes to be reviewed by a receptionist in the back office away from other patients. These actions had reduced the likelihood of confidential conversations being overheard at the reception area.

Access to the service

Kingswood Surgery was open between 8am and 6.30pm Monday to Friday (appointments between 8am and 5.30pm). Each week extended hours for pre-bookable appointments were available every Thursday and Friday morning between 7am and 8am, and every Tuesday evening between 6.30pm and 8pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly lower when compared to local and national averages notably, results relating to telephone access and wait times. For example:

- 44% of patients said they could get through easily to the practice by telephone (CCG average 73%, national average 73%).
- 53% of patients said they usually got to see their preferred GP (CCG average 63%, national average 59%).
- 78% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 90% of patients who say the last appointment they got was convenient (CCG average 92%, national average 92%).
- 31% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).
- 30% of patients said they feel they do not normally have to wait too long to be seen (CCG average 57%, national average 58%).

Written feedback on Care Quality Commission comment cards and verbal feedback regarding telephone access aligned to the survey results. Further patient feedback advised they could always access appointments but experienced great difficulties getting through to the practice.

The practice was fully aware of the results from the latest national GP patient survey (published in July 2016) in terms of low levels of patient satisfaction regarding access. The current practice manager commented on significant changes within the practice including the loss of GPs and receptionists which may have affected patient feedback.

Using survey results and patient's feedback, the practice had implemented a series of changes to improve access. For example:

- Kingswood Surgery had increased the number of GP sessions per week. In September 2016, the number of sessions increased from 41 to 43 per week. This increase resulted in an additional 30 GP appointments each week.

Are services responsive to people's needs?

(for example, to feedback?)

- Strategic use of locum GPs to replace a full time GP Partner who left Kingswood Surgery earlier in 2016. The practice had successfully recruited a salaried GP due to commence February 2017.
- In September 2016, the practice had introduced telephone consultations with GPs. This included review meetings every two weeks.
- The practice completed a review of the number of calls received per day and the average length of each call. On review, using data from 2015, the number of calls per day had reduced by 100. In 2015, approximately 544 calls were received each day, in 2016 this was 442. However, the average length of each call had doubled and in October 2016 the average length per call was 12 minutes. Following discussions with reception team, the duty GP who was completing telephone consultations was relocated to the back office reception and supported receptionists when incoming calls become long and complex. This new process also included an option of a direct telephone transfer of patients from reception straight through to the duty GP. This therefore allowed the reception team to continue to answer incoming calls.
- Promoted online access to reduce pressures on the telephone system. In November 2016, 5,171 patients had online access; this was 49% of the total patients. However, the practice were continuing to promote online and virtual access as only 1,667 of the 5,171 patients with access used the online facilities to manage appointments.
- In January 2015, the practice increased incoming telephone lines from six to eight. Furthermore, in June 2016 the practice recruited an additional receptionist to endeavour to address the telephone access problem.
- A clinical pharmacist joined Kingswood Surgery which enabled practice patients to receive comprehensive medicines advice. The pharmacist supported the practice to complete medicine management reviews, therefore increasing the availability of GPs to see patients.

Despite the practice responding to patient feedback it was too early to evaluate the outcome of these changes. The

new practice manager was fully aware of the concerns regarding access and when in post had plans to continually review the situation. These plans included the involvement of the revised patient participation group.

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. Although a limited number of complaints had been received (eight complaints in the last 12 months) we saw an analysis of trends and action was taken to as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system; however this was not available in the variety of languages spoken among the patient population. Staff we spoke with were aware of their role in supporting patients to raise concerns.
- We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. One of the complaints we reviewed regarding a medicine concern was investigated by the practices in-house pharmacist and included contact with specialists at the hospital and the pharmaceutical manufacturer.
- Although no complaints required an apology, the practice manager advised if an apology was required this would be issued to the patient and the practice offered complainants the opportunity to meet with either the practice manager or one of the GPs.

Whilst planning the inspection, we noted the practice did not review or responded to feedback on NHS Choices website. This was discussed during the inspection and the new practice manager presented a recent significant event which recorded the failure to respond to these reviews. One of the actions following this investigation was a weekly review of all comments received on the website.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

Kingswood Surgery was aware of local and national challenges within general practice and had clear aims and objectives to overcome these challenges. The main identified objective was 'working together to ensure the most appropriate care was provided'.

The aims and objectives of the practice were not publicised on the practice website or in the waiting areas.

However, the patients we spoke with and comments received indicated that these aims were being achieved; they were receiving good care and treatment although access to the service was a concern.

Governance arrangements

The practice had a lack of good governance and the number of concerns we identified during the inspection demonstrated this. At the start of the inspection, the practice advised us that several areas, including governance arrangements, required review and improvement. The concerns we identified during the inspection demonstrated governance systems were not always working effectively, for example:

- The practice had documented four significant events in the past 12 months. However when we spoke with staff we were told about other events that had occurred, that had been dealt with informally and not documented.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions required improvement, specifically the risks in managing fire safety.
- There was limited evidence of a programme of quality improvement including clinical audit. At the start of the inspection, the practice acknowledged there had not been a planned approach or programme of clinical audits.
- An appraisal system had not been implemented.

Leadership and culture

The GP Partners in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff.

The practice was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty.

At the start of the inspection, the practice highlighted one of the current challenges within the practice was the lack of clinical leadership. This was being addressed and the GP Partners had a plan to actively support the new practice manager.

We spoke with members of staff during the inspection, the majority were positive about the practice's leadership. However, several members of staff described that in recent months the sense of team had disappeared and they felt undervalued.

The same members of staff expressed a low level of job satisfaction and did not feel respected, valued, supported and appreciated. They also commented on how challenging the recent few months had been including staff leaving, absence and building works to extend the practice. The same members of staff showed great optimism for the future management style and leadership due to commence in December 2016.

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

There was a limited approach to obtaining the views of practice staff and people who used the services.

- Although being addressed, access to the practice was a concern, GP national patient survey data and feedback from patients aligned to access requiring improvement.
- There were no effective arrangements to allow feedback from patients as there were limited systems for feedback including an inactive patient participation group (PPG). Without a PPG or other mechanism to allow feedback from patients, the practice could not demonstrate that it responds to what people who use the service say.
- Kingswood Surgery was in the process of re-forming a PPG. The group originally formed in 2014, however over time had become inactive. The new practice manager had plans to contact the National Association of Patient Participation (NAPP) and the local Healthwatch to support the development of the PPG. The practice already had names of four interested patients.

Are services well-led?

Requires improvement 

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

- There was no appraisal programme; some members of staff told us in recent months staff satisfaction had worsened and they did not feel actively engaged or empowered into how the practice was run.

Continuous improvement

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

- Active participation in the local diabetes project with a view to reduce clinical variation within the CCG.
- Alliances were being strengthened with the local care home for patients with learning disabilities who access primary care GP services from Kingwood Surgery.

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

- The practice was applying to become a training practice and welcome foundation doctors to join Kingswood Surgery for up to four months. A foundation doctor (FY1 or FY2) is a grade of medical practitioner in the United Kingdom undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.
- Immediately after our inspection, we were sent an updated plan which included aspects of our initial feedback we provided at the end of the inspection. This detailed a comprehensive plan and the practices understanding of why the concerns and issues regarding access had arisen in order to secure appropriate corrective action. The improvement plan detailed the concerns and each concern had separate sections. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to -</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>(f) Evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <ul style="list-style-type: none">• The provider had not ensured systems and processes were operated effectively to ensure good governance.• They had failed to complete actions identified as high risk following the fire risk assessment.• The provider had not implemented a rolling programme of clinical audit to drive improvements to patient outcomes.• The provider did not pursue feedback from patients through a patient participation group (PPG).• Patient feedback on access to the service was below local and national average. Patients who contributed their views to the inspection also perceived difficulty in accessing the practice via telephone.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- We found the registered provider had not implemented an effective system to ensure staff received regular appraisals.

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.