

Hughenden Valley 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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hughenden Valley Surgery on 23 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- However, the cold chain policy relating to medicines requiring refrigeration was not thorough, and a recent incident of a fridge recording a temperature above the safe maximum had not been dealt with effectively.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Forty three staff members had completed training to become Alzheimer's Society Dementia Friends, and the

Summary of findings

dementia support packs provided to patients with dementia had been adopted by the CCG for use in other practices. The practice had been registered as a Safe Place for vulnerable people by the county council.

We saw areas of outstanding practice:

The practice had been closely involved in designing a Cancer Research UK leaflet to support patients referred to oncology services, which has since been rolled out nationally. It had also appointed a Vulnerable Adults Living Independently Advanced Nursing Team (VALIANT) nurse to provide welfare support in the community.

The areas where the provider must make improvement are:

- Ensure that the cold chain policy is reviewed to include the safe temperature range, and to ensure that staff are trained to follow this policy and respond effectively if the temperature of a fridge used to store medicine or vaccines is recorded outside the safe range.

In addition the provider should:

- Ensure that bank staff have full induction training and access to practice policies.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was evidence of a recent incident where the temperature of a fridge used to store vaccines had been recorded as above the safe maximum. This had not been identified as a significant event or responded to effectively prior to inspection. The related cold chain policy was found to omit the safe minimum and maximum temperatures, and staff had not been trained to respond effectively to such an incident. The event was recorded and investigated as a significant event immediately on the day of inspection. An audit following inspection confirmed that no affected medicines had been given to patients since the incident.
- Other risks to patients were assessed and well managed.
- There was a system in place for reporting and recording significant events when identified.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and were similar to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- Induction training was provided to all staff. However, we identified that one member of non-clinical staff who only worked at the practice on an occasional basis was found to have had little induction training or access to practice policies.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care, and the practice had worked to address aspects where the ratings were below average.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Forty three staff members had completed training to become Alzheimer's Society Dementia Friends, and the dementia support packs provided to patients with dementia had been adopted by the CCG for use in other practices. The practice had been registered as a Safe Place for vulnerable people by the county council.
- We found positive examples to demonstrate how patients' choices and preferences were valued and acted on, including use of "health passports" for patients with learning disabilities and "This is Me" booklets to support patients with dementia in the healthcare system.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had appointed a Vulnerable Adults Living Independently Advanced Nursing

Summary of findings

Team (VALIANT) nurse to provide welfare support in the community. It also ran dedicated clinics for carers, and to provide on-the-day appointments for children during the winter months.

- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a VALIANT (Vulnerable Adults Living Independently Advanced Nursing Team) nurse providing home-based welfare support for vulnerable and complex needs patients, including the elderly.
- The practice undertook reviews on patients aged 75 and over when discharged from hospital.
- The practice offered a volunteer driver service to enable elderly patients to attend appointments and a medicines delivery service.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data available demonstrated that the monitoring and management of patients with diabetes was comparable to CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice undertook annual screening for patients with pre-diabetes or a history of gestational diabetes in pregnancy.
- The practice undertook opportunistic screening for conditions including chronic obstructive pulmonary disease (COPD), atrial fibrillation, obesity and diabetes.
- The practice provided information packs for patients with COPD or diabetes.

Summary of findings

- The practice undertook care planning for patients with diabetes to support patients in managing the condition.

Families, children and young people

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

Good



- 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 76% of patients diagnosed with asthma had their condition reviewed in the last 12 months, in line with CCG and national averages.
- 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.
- 84% of female patients aged 25-64 had attended for a cervical screening test in the last five years, in line with CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had piloted a series of CU2day daily winter clinics for children, allowing extended emergency appointments during which multiple issues could be addressed or siblings seen together. The clinics had a dedicated child-friendly waiting area, and provided education for parents on child health issues.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The families of newborns were sent “birthday” cards which included a jaundice reference chart.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice's website was designed so that it could be used easily via a smartphone or tablet, and an app (an application available on smartphones) had been designed for appointment booking and repeat prescription requests.
- The practice offered telephone consultations and evening and weekend flu clinics for those who could not easily attend appointments during daytime hours.
- The practice checked pathology reports on a monthly basis to identify any blood tests which had been requested more than three months previously but not been undertaken by patients.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice had appointed a VALIANT (Vulnerable Adults Living Independently Advanced Nursing Team) nurse providing home-based welfare support for vulnerable and complex needs patients.
- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, and had provided patients with health passports detailing healthcare needs and preferences.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of carers, had appointed a staff member as carers' champion, and had held a series of carers' clinics to provide support and advice.
- The practice had a volunteer driver and medicines delivery service, and staff had previously provided additional support for patients when required, including helping with shopping in a crisis, and assisting with pets during unplanned hospital admissions.

Good



Summary of findings

- The practice had been registered as a Safe Haven by the county council, to provide support to vulnerable people, including those with dementia, a learning or physical disability, or a severe medical condition, if they found themselves at risk or experiencing an emergency when out on their own.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Forty three staff members had completed training to become Alzheimer's Society Dementia Friends, and the dementia support packs provided to patients with dementia had been adopted by the CCG for use in other practices.
- The practice had run a series of carer clinics to provide emotional support and practical advice for patients identified as carers.
- The practice had a telephone call reminder system to support patients with dementia in attending appointments.
- The practice helped patients complete "This Is Me" leaflets detailing healthcare and other needs prior to hospital admissions.
- The practice made referrals to the county council's Prevention Matters advice service for vulnerable patients, the local fire service's project for vulnerable housebound smokers.
- The practice was a member of the county council's "Safe Place" scheme to provide support for any vulnerable community member in an emergency.
- Vulnerable patients were offered daily or weekly dosette boxes to manage their medicine use as required.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 129 were returned. This represented 1% of the practice's patient list.

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 78% and a national average of 76%.
- 93% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.

- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards of which the majority were entirely positive about the standard of care received, with patients saying that they felt listened to, unhurried, and well cared for. Eight cards commented on the challenges of getting appointments, and one expressed dissatisfaction with staff manner.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test results showed that 90% of patients would recommend this surgery to someone new to the area.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that the cold chain policy is reviewed to include the safe temperature range, and to ensure that staff are trained to follow this policy and respond effectively if the temperature of a fridge used to store medicines or vaccines is recorded outside the safe range.

Action the service **SHOULD** take to improve

- Ensure that bank staff have full induction training and access to practice policies.

Outstanding practice

The practice had been closely involved in designing a Cancer Research UK leaflet to support patients referred to

oncology services, which has since been rolled out nationally. It had also appointed a Vulnerable Adults Living Independently Advanced Nursing Team (VALIANT) nurse to provide welfare support in the community.

Hughenden Valley 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, a second and third CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Hughenden Valley Surgery

Hughenden Valley Surgery provides GP services to more than 12,500 patients in the Chiltern Hills, just outside High Wycombe. The area has an estimated low level of socio-economic deprivation and the population is considered to have an above average life expectancy and lower than average long-standing health conditions. The practice has more significantly more patients aged 65 to 69 than the national average, and fewer aged 20 to 39. The population is mainly White British, although there is a local Gurkha community.

The practice has seven GP partners, four female and three male, one salaried female GP, four nurses including a nurse prescriber and a community welfare nurse, a healthcare assistant and a phlebotomist, along with a practice manager, IT manager, nine admin and 10 reception staff. The practice also employs a dispensing manager and 10 dispensing staff, who work alongside the pharmacist who is based in the pharmacy attached to the main surgery in Hughenden. The practice is a teaching practice for trainee GPs and undergraduate medical students.

The practice offers GP, nursing consultations and dispensing services from two sites approximately three

miles apart, in the villages of Hughenden and Prestwood. Patients are given the option to be seen at either practice and staff work across both sites, although GPs are mainly based at one of the two surgeries and their patients are encouraged to attend there for continuity of care. The practice dispenses medicines to about 60% of its patient list.

The main Hughenden Valley Surgery is a purpose-built two storey building, with ample parking including designated disabled parking spaces. It has ramp access to the entrance and an automatic door leading to a reception area and waiting room. There are seven GP consulting rooms and two nurse treatment rooms. There is also a lift for people with mobility difficulties to access upstairs rooms. There are patient toilet facilities including a toilet for people with disabilities and baby change facilities. The reception area has a confidential area with low access for wheelchair users. There is a pharmacy attached to the surgery, and practice staff work within it to provide a dispensing service to patients.

Chequers Drive Surgery in Prestwood is an older two-storey building with parking, including designated disabled parking spaces, ramp access and an automatic door leading to the reception area and waiting room. There are four GP consulting rooms, one nurse treatment room and a dispensary. There are patient toilet facilities including a toilet with people with disabilities and baby change facilities.

Both surgeries are open from 8am to 6.30pm Monday to Friday, with extended evening surgeries until 8pm on Mondays at Chequers Drive and on Tuesdays and Thursdays at Hughenden Valley.

Appointments are available from 8am to 1pm and 3pm until close. An out of hours GP service is provided by Buckinghamshire Urgent Care, and is accessed by calling the NHS 111 telephone number.

Detailed findings

Services are provided from two practice sites:

Hughenden Valley Surgery

Valley Road

Hughenden

Hugh Wycombe

HP14 4LG

and

Chequers Drive Surgery

1-3 Chequers Drive

Prestwood

Great Missenden

HP16 9DU

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. We carried out an announced visit on 5 and 8 October 2013. During our visit we:

- Spoke with a range of staff, including four GPs, three nurses, the practice manager, dispensary staff, receptionists and administration staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, ambulances were struggling to find both surgeries when called, so new large signs were commissioned, and the council were contacted to request improved signposting. Receptionists were also asked to stand at the roadside to direct ambulances.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room 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 check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice that kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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 medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Dispensing services were provided from both sites to approximately 60% of the registered patients. At Hughenden, the dispensing services were based within the pharmacy attached to the surgery, with separate computer systems to manage dispensary and pharmacy prescriptions. The dispensing service had processes in place for managing and storing medicines securely, and for the monitoring of prescribed medicines.
- However, when checking written records kept with a fridge in the branch surgery dispensary used to store vaccines, we found that the temperature had been recorded significantly above the allowed maximum on several occasions in the week leading up to the inspection, but no action had been taken. On investigation, it was found that the maximum temperature reset button had not been pressed correctly after the last delivery of medicines on March 17, and the fridge had not been opened for vaccines to be used or new stock to be stored since that date. As the battery on the digital data logger kept in the fridge had expired unexpectedly during that period, it could not be confirmed that the actual fridge temperature had been within range since then. The practice demonstrated that nursing staff undertook weekly additional checks of the data logger and the lead GP for dispensing undertook a weekly check of the manual record. Both of these checks would have been due to be carried out on the

day after the inspection. However, the practice's cold chain policy was found to be limited, with no reference to required temperature ranges or how staff should undertake checks or respond when temperatures were found to be out of range. Staff responded to the concern immediately on the day of inspection by isolating medicine which had been kept in the fridge to await information on how to dispose of it safely, and an audit undertaken to ensure that no patients had been given medicines from the fridge since March 17. The incident was reported to the Patient Safety National Reporting and Learning Service (NRLS), and logged as a Significant Event on the day of inspection..

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from October 2015 showed;

- Performance for diabetes related indicators (99%) was above the CCG (93%) and national average (89%).
- The percentage of patients with hypertension having regular blood pressure tests (89%) was better than the CCG (84%) and national average (84%).
- Performance for mental health related indicators (100%) was better than the CCG (97%) and national average (93%).

Clinical audits demonstrated quality improvement.

- There had been 11 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recently completed audit cycle involving patients with pre-diabetes showed an increase in the number of patients being recorded as having the condition and receiving the appropriate health advice, and a good referral rate to a local pre-diabetes service.

Information about patients' outcomes was used to make improvements such as a review of care provided to patients with suspected or diagnosed cancer, which resulted in GPs being reminded that screening tests for certain cancers can sometimes produce false reassurance, and to monitor weight changes more closely in frail and elderly patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Induction training was provided to all staff. However, we identified that one member of non-clinical staff who only worked at the practice on an occasional basis was found to have had little induction training or access to practice policies.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- 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.

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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and management of conditions such as diabetes. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 83% of female patients aged 50 to 70 had been screened for breast cancer in the last three years compared to the CCG average of 76% and the national average of 72%. 67% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates were above CCG averages. For example, childhood immunisation rates given to under two year olds ranged from 94% to 99% compared to a CCG average of 93% to 98%, and five year olds from 85% to 99, compared to a CCG average of 79% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Twenty five out of 34 of the patient Care Quality Commission comment cards we received were entirely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One card was negative about staff manner, and eight cards mentioned difficulties with getting timely appointments. We noted that patients were queuing at the practice from 8am to get on the day appointments. The practice told us that it had opened telephone lines and online booking 10 minutes before opening to improve patients ability to book on the day appointments from home

We spoke with two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 91% and national average of 91%.
- 70% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice told us that it had addressed issues related to lower than average scores related to nursing care and had just appointed a new member of the nursing team as a result.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 324 patients, representing 3% of the practice list as carers. It was working to increase these numbers through liaison with the county carers association and identifying carers during the registration process, when completing the online access request form and at flu clinics.

The practice had identified a non-clinical staff member as a carers' champion, and ran carers' clinics. These provided carers with the opportunity to have a health check and meet a representative of the county carers association for practical and emotional advice and signposting.

Staff had a good understanding of how to support patients with mental health needs and dementia. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Forty three staff members had completed training to become Alzheimer's Society Dementia Friends, and the dementia support packs provided to patients with dementia had been adopted by the CCG for use in other practices.

The practice had been registered as a Safe Haven by the county council. The scheme provides support to vulnerable people, including those with dementia, a learning or physical disability, or a severe medical condition, if they find themselves at risk or experiencing an emergency when out on their own.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to offer improved services.. This included appointing a welfare community nursing scheme called VALIANT (Vulnerable Adults Living Independently Advanced Nursing Team) to provide additional support to elderly, vulnerable and at-risk patients. The service had also reduced the demand of this population group for GP appointments, improving appointment access for other patients.

- The practice had installed directional sound system and private reception desk area to improve patient privacy, and air conditioning in public areas to reduce summer temperatures.
- It had also redesigned its website to allow it to be used on mobile phones to improve online appointment booking, and offered more extended appointments for patients with complex needs to reduce the demand for re-appointments.
- The practice offered a 'Commuter's Clinic' three evenings a week until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had piloted a series of CU2day daily winter clinics for children, allowing extended emergency appointments during which multiple issues could be addressed or siblings seen together. The clinics had a dedicated child-friendly waiting area, and provided education to parents on childhood health issues.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

- The practice had installed a lift at the main branch to improve access to facilities on the first floor, including the community meeting room. The confidential reception area had a lower desk area and a chair for those who needed to sit.
- The practice had identified that a number of its patients were members of the local Gurkha community, and had signs in the waiting room which had been translated into Nepalese to support this population group.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1pm every morning and from 3pm until the end of surgery. Extended surgery hours were offered until 8pm three evenings a week. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.
- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 47% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 41% and national average of 36%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had identified from the national GP patient survey that patients were sometimes waiting for more than 15 minutes beyond their appointment time. It had responded by including "catch-up spaces" after every fourth appointment for new GPs who did not yet know all their patients and by offering appointments at the end of surgery for patients known to have more complex needs.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the website and on posters in the waiting rooms.

We looked at 16 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

care. For example, after a patient complained about the standard of care received after transferring from a named GP at one of the practice's surgeries to another, the practice found that processes had not been correctly followed. As a result, discussions were had with the reception team to highlight the importance of following processes, and staff reminded that it was a critical requirement.

The practice also identified a number of other changes it had made in response to patient and other feedback, including providing information leaflets about the risks of inappropriate antibiotic prescribing, and its involvement in designing a Cancer Research UK leaflet to support patients referred to oncology services, which has since been rolled out nationally

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Risks relating to medicine fridge temperatures had not been identified in the practice's cold chain policy.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced a text reminder system for appointments on the PPG's suggestion.
- The practice had gathered feedback from staff through appraisals and staff meetings. The practice encouraged staff to seek out and report "near misses" to enable the team to learn from them. Staff told us they would not

Are services well-led?

Good 

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management, and that they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, including appointing a VALIANT nurse to provide home-based welfare support to vulnerable patients, and dedicated GP clinics for carers and children.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Specifically: They had failed to identify the safety risks to patients associated with a failure to respond appropriately when a fridge used to store vaccine went above the maximum safe temperature, or to respond to the incident effectively.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(e) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>