

Broughton Gate Health Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		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 Broughton Gate Health Centre on 21 July 2016. Overall the practice is rated as good.

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

- The practice had a clear vision and had recognised the particular needs of patients in the community it served.
- The practice had worked to create an open and transparent approach to safety. A clear system, which was made known to all staff, was in place for reporting and recording significant events.
- Risks to patients were identified, assessed and appropriately managed. For example, the practice implemented appropriate recruitment checks for new staff, undertook regular clinical reviews and followed up-to-date medicines management protocols.
- We saw that the staff assessed patients' needs and delivered care in line with current evidence based

guidance. Staff were supported to access development learning and routine training was provided to ensure they had the skills, knowledge and experience to deliver effective care and treatment.

- Feedback from patients was positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Comments from patients on the 31 completed CQC comment cards confirmed these views.
- Results from the GP Patient Survey published in July 2016 showed the practice to be in line with, or below, most local and national performance averages. However, some improvement from previous results, published January 2016, was noted.
- Information about services and how to complain or provide feedback was available in the waiting area and published on the practice website. The practice had a comprehensive and thorough process dealing with patient feedback. Outcomes from complaints were shared and learning opportunities identified as appropriate.

Summary of findings

- Appointments were readily available. Urgent appointments were available the same day, although not always with the patients named or usual GP.
- The practice had access to good facilities and modern equipment in order to treat patients and meet their needs.
- There was a clear leadership structure and we noted there was a positive outlook among the staff, with good levels of moral in the practice. Staff said they felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- Continue work to identify and support patients with caring responsibilities.
- Continue development work to ensure improvement to national patient survey outcomes.
- Continue to ensure patients with a long term condition are monitored appropriately, including implementation of revised exception reporting policy.
- Records of attendance and discussion at staff meetings to be maintained.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas where the provider should make improvements are as follows:

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



- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'. The GPs and managers actively encouraged staff involvement.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected incidents patients received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes were introduced to avoid a possible repeat incident where necessary.
- The practice had well established systems in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, this included arrangements for monitoring standards of infection prevention and control, and the safety and security arrangements in place for the management and issuing of prescriptions and medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2015/2016 showed the practice had performed well, obtaining 98% of the total points available to them, for providing recommended care and treatment to their patients.
- Staff referred to guidance from the National Institute for Health and Care and Excellence (NICE) and used it as required to assess and deliver care in line with current evidence based guidance.
- The practice was positively engaged with an ongoing programme of clinical audits, which demonstrated a commitment to quality improvement, professional development and patient care. However, the practice should also continue to ensure patients with a long term condition are monitored appropriately.
- Exception reporting for clinical indicators was higher in some areas than local and national averages.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.
- There was clear evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed that patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified 29 patients registered as carers, which represented less than 1% of the practice list. Work to identify and support patients with caring responsibilities should continue.
- 69% of patients described their overall experience of the practice as fairly good or very good, this was lower than both the local CCG average of 79% and the national average of 85%. The practice should continue development work to ensure improvement to national patient survey outcomes.
- Feedback from the 31 completed CQC comment cards was consistently positive. Patients told us they were impressed by the professional attitude and caring approach of the staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice had recently instigated a series of coffee morning for homeless people at a local centre.
- Information for patients about the services available was easy to understand and accessible. The practice had an informative practice leaflet and a comprehensive website. Posters were on display and a variety of leaflets were available in the waiting area.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice.

Summary of findings

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Milton Keynes Clinical Commissioning Group to secure improvements to services where these were identified.

- 73% of patients said the receptionists at the practice were helpful, compared to the CCG average of 86% and a national average of 87%.
- 63% of patients described their experience of making an appointment as good, compared to the CCG average of 64% and the national average of 73%.
- Urgent appointments were available the same day, with pre-bookable appointments with the health care assistant, nurses or GPs available up to six weeks in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A phlebotomy service had been provided at the practice, so that patients did not have to attend hospital.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff as appropriate. The practice encouraged positive feedback and celebrated success appropriately.

Are services well-led?

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

- The practice had a corporate vision and strategy to deliver good quality care and promote good outcomes for patients. Practice staff were clear about their role in delivering services to patients.
- There was a clear leadership structure and staff felt supported by management. The practice had appropriate policies and procedures to govern activity and held regular governance meetings. However, records of attendance and discussion at staff meetings should be maintained.
- Systems were in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff.
- Performance indicators were in place to monitor delivery of services. Information was used to benchmark delivery of services, patient satisfaction levels and to identify areas of good practice and areas for development.
- The practice had a business development plan which identified existing objectives and possible future developments.

Good



Summary of findings

- There was a clear and accessible governance framework, which supported the delivery of good quality care to patients. 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, transparency and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice regularly and proactively sought feedback from staff and patients, which it acted on. The practice benefitted from an active and engaged 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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. GPs were able to offer home visits to those patients who are unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible. For example, when GPs visited patients who lived in residential care homes they ensured that patient medication was reviewed regularly and other routine tests were undertaken without the need for patient admission to hospital.
- These patients had a dedicated telephone number at the practice, for use in an emergency.

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.
- 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 constructively with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had clear protocols in place to support the treatment of patients with long term conditions. The practice held records of the number of patients with long term conditions. These patients were seen at the surgery on a regular basis and invited to attend specialist, nurse-led clinics.
- The practice offered longer appointments to these patients and home visits were available when needed.
- 98% of the patients on the diabetes register had influenza immunization in the preceding 01 August 2015 to 31 March 2016, compared to local CCG average of 97% and national average of 95%. Effective arrangements were in place to ensure patients with diabetes were invited for a review of their condition.

Summary of findings

- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and chronic obstructive pulmonary disorder (COPD) were in place. The practice had clear objectives to reduce hospital admissions for respiratory conditions. All patients who were admitted to hospital were reviewed by the practice after discharge.
- The practice delivers the gold standard framework (GSF) for patients receiving palliative care and needing additional support at the end of their lives.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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.
- 81% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, was in line with the local CCG average and the national average of 82%.
- The practice provided appointments outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Immunisation rates for all standard childhood immunisations were broadly similar to local CCG performance averages. The practice provided flexible immunisation appointments.
- The practice supported a number of initiatives for families with children and young people, for example the practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. Positive links with the community midwife team and liaison with health visitors formed a positive and collaborative approach.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- As the practice had a high percentage of working age patients, they focused on their needs through analysis of patient surveys and feedback from the Patient Participation Group (PPG). The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Data showed 54% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 56% locally and 58% nationally.
- Data showed 69% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 74% locally and 72% nationally.
- The practice offered easy access to telephone appointments and telephone consultations.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40 - 74 years.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, such as homeless people, travellers and those with a learning disability. The practice had 19 homeless patients on its register.
- The practice actively encourages patients with no fixed abode to register at the practice and provides food vouchers for those found to be in most need.
- The practice offered longer appointments for patients with a learning disability. GPs also visited patients who lived at local care homes when they were unable to travel to the practice for an appointment.
- The practice had recorded 29 carers on their register.
- The practice regularly worked positively and collaboratively with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations. The practice told

Good



Summary of findings

us that a dedicated member of the administration team contacts these patients once a week to enquire about their welfare, if any concerns are identified these are referred to a doctor.

- 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.

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).

- 97% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to the local CCG average and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. For patients on the dementia register, the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion.
- The practice had supported patients experiencing poor mental health about how to access support groups and voluntary organisations, with links with support services, such as counselling and referrals to the Improving Access to Psychological Therapies service (IAPT).
- The practice had a system in place to follow up patients who had attended A&E 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.

Good



Summary of findings

What people who use the service say

We looked at the National GP Patient Survey results published in July 2016. 349 patient survey forms were distributed and 113 returned. This equated to a 32% response rate and represented approximately 1% of the practice's patient list.

The results showed the practice was performing broadly in line with, or lower than, local and national averages.

When the most recent results were compared to outcomes in the survey published in January 2016, we saw that although the practice was still largely average or below average there had, nonetheless, been sustained improvement in performance;

- 57% of patients found it easy to get through to this practice by phone, compared to the local CCG average of 60% and national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 81% and national average of 85%.
- 69% of patients described the overall experience of this GP practice as fairly good or very good, compared to the local average of 64% and national average of 73%.
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 71% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 completed comment cards. All of the

comment cards were positive about the standard of care received. Patients said services were provided in a professional and courteous manner. Staff were described as very caring, attentive and knowledgeable.

A number of the comment cards identified named members of staff who had provided exceptional care and attention. Some of the comments were from patients who had recently registered with the practice, whilst others had been registered since the practice opened.

We spoke with four patients during the inspection. All the patients said they were satisfied with the care they received and thought the staff were professional in their approach, committed to providing good services and demonstrated a caring approach to patients.

Patients, who were also members of the Patient Participation Group (PPG), told us about reviews and improvements to services the practice had undertaken in response to their feedback. For example, the practice had developed their automated telephone call management system. The practice told us that they regularly reviewed telephone access into the practice and had noticed some improvement in patient feedback about the responsiveness of the telephone system.

The practice had received 59 comments on the NHS Choices website. These responses revealed a mixed review, with some comments identifying problems accessing appointments, whilst others identified they had received an excellent service.

The Family and Friends Test results showed that, since January 2016, from 93 responses 85% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue work to identify and support patients with caring responsibilities.
- Continue development work to ensure improvement to national patient survey outcomes.
- Continue to ensure patients with a long term condition are monitored appropriately, including implementation of revised exception reporting policy.
- Records of attendance and discussion at staff meetings to be maintained.

Broughton Gate Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor.

Background to Broughton Gate Health Centre

Broughton Gate Health Centre provides primary medical services to approximately 10,158 patients in an area of Milton Keynes. Services are provided on a Personal Medical Services (PMS) contract (a PMS contract is a locally agreed contract).

Services are delivered to patients from one registered location, Glyn Valley Place, Milton Keynes, MK10 7EF.

The practice forms part of The Practice Group, a corporate group which provides primary medical services at a number of locations across England. Executive management oversight is provided by The Practice Group which includes corporate business planning, performance monitoring and central functions such as human resource management, payroll and regular review and update of policies and processes.

Broughton Gate Health Centre is one of five hubs in the Milton Keynes area offering appointments using funding available from the Prime Ministers GP Access Fund (PMGPAF). The PMGPAF was created to offer patients more

flexibility in GP appointment availability. Additional appointments are available on Tuesday and Friday evenings and at weekends. In Milton Keynes there are five GP Hubs signed up to the PMGPAF campaign.

The practice at Broughton Gate Health Centre serves a population group with a noticeably different profile to the England average. For example, the practice had almost double the number of young children aged 0 - 4 years than the local and national average, with 12% at the practice, compared to 7% locally and 6% nationally.

Similarly, at the time of our inspection the practice had 29% of its practice population less than 18 years of age, compared to the local CCG average of 24% and the national average of 21%.

For patients in other age ranges, the practice had 4% of patients over 65 years of age, compared to the local average of 12% and the national average of 17%.

The area is recorded as being in the 'second least deprived decile' and falls in an area of low deprivation. According to national data, life expectancy for male patients at the practice is 77 years, which was lower than the CCG average of 78 years and the national England average of 79 years. For female patients life expectancy is 80 years, compared to the local CCG average of 82 years and the England average of 83 years.

The on-site practice team consists of eight GPs (five male GPs and three female GPs), two practice nurses, two nurse practitioners and one health care assistant (all nursing staff were female). The practice manager is supported by a team of staff who provide reception and administrative functions.

Detailed findings

The practice is open between 8am and 8pm seven days a week, 365 days a year, and appointments with a GP, nurse or health care assistant are available during those times. Appointments are bookable up to six weeks in advance.

The practice also offers a limited number of walk-in appointments each day. This service operates on a first come first served basis for immediate and necessary treatment only. Emergency appointments are available daily. A telephone consultation and call-back service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery.

Out-of-hours service can be accessed via the NHS 111 service. Information about the out-of-hours services was available in the practice waiting area, on the practice website and on the practice telephone answering service.

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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. For example, NHS Milton Keynes Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they may hold about the practice.

We carried out an announced inspection on 21 July 2016.

During our inspection we:

- Spoke with the Associate Medical Director, GPs, nurses, health care assistant, practice manager and administrative staff.
- Spoke with patients, including members of the Patient Participation Group (PPG) (The PPG is a group of patients who volunteer to work with practice staff on making improvements to the services provided for the benefit of patients and the practice).
- Observed how staff interacted with patients.
- Reviewed 31 CQC comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at practice clinical meetings which took place regularly and we saw minutes from the meetings to confirm this.
- Information and learning was circulated to staff and the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Information was received into the practice by the Practice Manager and cascaded to clinicians. Matters were discussed at clinical meetings. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, we saw that when an alert was issued relating to instructions for the administering of a particular medicine. The practice carried out a search on their system to see if any patients were likely to be affected and then took the appropriate action to review and amend any medication as required.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw an incident where a prescription was inadvertently given to the wrong patient. The error was

recognised by a clinician when checking further patient notes. Since the incident the practice had issued reminders to all staff about the need to undertake three different patient identification checks, to correctly establish the identity of the each patient. The practice had identified that a patient shared the same name and date of birth, but the first line of address had not been checked on this occasion, which would have flagged up the conflicting patient information. At the time of inspection there had been no repeated occurrences of this type of incident.

The practice had a thorough and comprehensive review process in which it undertook a formal 'root cause' investigation to establish the reasons behind any problem or situation. Staff engagement was positively encouraged and the practice and worked hard to establish an open and inclusive culture to all reviews.

Overview of safety systems and processes

The practice had clear systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Staff demonstrated they understood their responsibilities to safeguard children and adults from abuse and were aware of procedures to follow in reporting concerns. Staff had access to e-learning and face-to-face training. Staff, had completed safeguarding training relevant to their roles, with GPs trained to the appropriate level (level three) to manage child safeguarding. The practice had a nominated safeguarding lead.
- Systems for reporting patient concerns were clear. Safeguarding 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. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. The practice held multi agency team safeguarding meetings every six weeks with external colleagues such as midwife, health visitor and locality school nurse attended by the lead GP. Patients considered to be at risk are identified by an alert on their patient record as well as on a list kept within the administration office.
- The practice displayed notices in the patient waiting area and all treatment and consultation rooms, which advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring

Are services safe?

Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A nurse at the practice had lead responsibility for infection prevention and control. We saw that all staff training was up-to-date and information was shared across the practice to ensure systems were in line with best practice guidelines. There was an infection control protocol in place and audits were undertaken regularly. We also saw that where issues or concerns had been identified the practice had taken action to address any required improvements.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- During our inspection we checked the emergency medicines in the practice and found all the stock to be within manufacturers' expiry dates. The practice had systems in place to check the security and storage arrangements for medicines usage.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had appropriate processes in place for handling repeat prescriptions, which included the review of high risk medicines.
- Blank prescription forms were securely stored and there were systems in place to monitor their use. The practice had a clear system in place, to securely store and monitor the use of prescription pads, with serial numbers logged as each batch of prescriptions were received and later allocated to specific GPs.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to

administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw an appropriate example of a signed certificate in place.

- We reviewed two staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice had a comprehensive locum GP information pack in place and would complete the necessary recruitment checks on those individuals when necessary.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety;

- The practice had completed a legionella risk assessment and review (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) which had been completed by an external accredited company in August 2015.
- The practice had up-to-date fire risk assessments, which included a log of the fire alarm tests and routine staff fire training.
- There was a health and safety policy available along with a poster in the staff communal areas which included the names of the health and safety lead at the practice.
- Appropriate health and safety assessments had been completed, along with electrical equipment testing to ensure the equipment was safe to use. Clinical equipment was checked and calibrated routinely to ensure it was working properly.
- Effective systems were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs, including, for example arrangements to ensure the management of planned staff holidays. Staff members would be flexible and cover additional duties as and when required.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers which alerted staff to any emergency. There was also an emergency alert button in the clinical rooms.
- All staff received annual basic life support training.
- The practice had access to a defibrillator and pads, a risk assessment had been undertaken to establish that access was freely available. Emergency oxygen was available with adult and children's masks. A first aid kit and accident book were available.

- Emergency medicines were kept in a secure area of the practice and staff knew of their location. The medicines we reviewed were in date and were readily accessible should they be required.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and appropriate arrangements for contacting staff in an emergency. The plan was available via an internet service accessible from outside the practice.

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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice worked with the CCG pharmacist, who attended clinical meetings at the practice, to improve the efficiency of medicines management and prescribing.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and public health data. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

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).

QOF data published 2015/2016 showed the practice achieved 98% of the total number of points available, which was higher than the local CCG and national average of 95%.

The practice achieved this result with an overall level of 13% exception reporting which was higher than local and national averages, at 12% and 10% respectively. (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).

We were satisfied that the examples of exception reporting we saw recorded as part of our inspection had been appropriately managed. However, in response to the findings from the inspection the practice advised us, after our site visit, that they had introduced a revised protocol in relation to exception reporting to strengthen their processes when considering the exception reporting of patients. Decisions to exception report a patient will now only be made by senior members of the management team at the practice. The practice advised that these decisions will only be considered after extensive attempts to contact the patient had been made, with several different appointments offered and medication reviews had been undertaken.

Data from 2015/2016 showed:

Performance for diabetes related indicators was generally in line with both local and national averages.

- For example, the practice scored 98% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2015 to 31 March 2016, with an exception reporting rate of 32%. The local CCG average was 97% (with 23% exception reporting) and the national average 95%, with exception reporting at 20%.
- Other performance measures identified the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 72%, with an exception reporting rate of 12%. Compared to the local CCG average of 81% (with 17% exception reporting) and the national average of 80%, with an exception reporting rate of 13%.

The practice had provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.

When comparing performance for mental health related indicators the practice again achieved positive results in the range of outcomes within the individual measures.

Are services effective?

(for example, treatment is effective)

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2015 to 31 March 2016) was 91%, with an exception reporting rate of 8%. Compared against the local CCG average of 92% (with an exception reporting rate of 16%) and the national average of 89%, with exception report rate of 10%.
- For another measure, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 92%, with an exception reporting rate of 4%. Compared against the local CCG average of 85% (with an exception reporting rate of 17%) and the national average of 89%, with an exception reporting rate of 13%.

For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

There was evidence of quality improvement including clinical audit, for example;

- The practice had a regular cycle of clinical audits. The practice had undertaken six audits within the previous year. Of these two had been 'full cycle' audits, where repeated audits had been completed, action implemented and outcomes reviewed and improvements or changes reported.
- Areas in which audits had been undertaken included diabetes, nonsteroidal anti-inflammatory drugs (NSAID) and cervical screening.
- The findings of the cervical screening audit identified improvements in the engagement with patients, the use of an information leaflet in appropriate languages and the introduction of an easy read leaflet made available to patients with learning difficulties or their carer and improvements with the practices recall system. The practice also participated in the national awareness promotion week. The practice told us that there were plans for the lead for sexual health at the practice to complete the audit annually.
- The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from audits were used by the practice to evaluate, review and, where appropriate, to improve services.

Effective staffing

Staff at the practice 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, information governance, basic life support, infection control, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance to update training sessions.
- For example, for those clinical staff involved with the review of patients with long-term conditions the practice had qualified nurses dealing with patients with Asthma and chronic obstructive pulmonary disorder (COPD).
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, appraisals, clinical supervision and facilitation and support for revalidating GPs.
- Staff had access to regular clinical educational training sessions which were delivered using a variety of methods, including on-line e-learning, off-site presentations and at the practice. Where relevant practice staff had also attended CCG led training days which were held throughout the year. Protected learning time for staff was assured.

Are services effective?

(for example, treatment is effective)

- Staff had access to appropriate accredited external training opportunities Staff received training that included safeguarding, infection control, chaperoning, basic life support, information governance, customer service training, and dementia awareness.

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had systems in place to provide staff with the information they needed. Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.
- The practice delivered the gold standard framework (GSF) for patients receiving palliative care and needing additional support at the end of their lives, (the GSF is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives). The practice held monthly multi agency team meetings with external colleagues such as district nurses and Macmillan nurses to discuss concerns and support required for the patients and their carers.

Consent to care and treatment

We saw that patients' consent to care and treatment was obtained and recorded in line with legislation and guidance.

- The practice had a consent policy in place and 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.

Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, people that are homeless, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- Smoking cessation advice was provided by the nursing team.
- Access to an NHS dietician and other healthy lifestyle advice was available.
- The practice held a register of patients living in vulnerable circumstances including the homeless and those with a learning disability, with routine health checks offered.

The practice's uptake for the cervical screening programme was 81% (with exception reporting of 7%), compared to the CCG and national average of 82%, with exception reporting of 6% and 7% respectively. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending reminder letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were, again, broadly comparable with local CCG and national averages. For example:

- Data published in March 2015 showed 54% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 56% locally and 58% nationally.
- Data showed 69% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 74% locally and 72% nationally.

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

Are services effective?

(for example, treatment is effective)

two year olds ranged from 72% to 94% compared to the CCG rates of 81% to 96%. For five year olds the rates for the practice ranged from 76% to 91% compared to the CCG rates of 90% to 95%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering.

Appropriate follow-ups on 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 were able to recognise when patients may wish to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.
- The practice had an electronic check-in facility available which promoted patient confidentiality.

We received 31 CQC patient comment cards. Patients said they felt the practice offered a good service and said staff were helpful, caring and treated them with dignity and respect.

We received feedback from two patients who were also members of the PPG. The patients told us that they were very pleased with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. We saw that although there had been improvement in some areas since the previous survey results had been issued in January 2016, overall the results remained generally lower than the CCG and national averages for patient satisfaction regarding consultations with GPs and nurses.

For example:

- 80% of patients said the last GP they saw was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 74% said the GP gave them enough time, compared to the CCG average 81% and the national average 87%.

- 84% said they had confidence and trust in the last GP they saw, where the CCG average was 92% and the national average 95%.
- 71% said the last GP they spoke to was good at treating them with care and concern, where the CCG average was 79% and the national average 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern, compared to the local CCG average of 90% and the national average 91%.
- 73% said they found the receptionists at the practice helpful, compared with the local CCG average 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and involved in decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in July 2016 showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment, with two of the measures showing improvement since January survey results.

For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 76% and where the national average was 82%.
- 83% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 83% and the national average 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that a translation service was available for patients who were hard of hearing or did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

- The practice has a policy for services provided to homeless patients in the area, this explains services provided via outreach clinics at the local church. Patients are offered a consultation with a member of the clinical team dependant on their needs, for example medication reviews, health checks and opportunistic screening for HIV, Chronic disease management, smoking cessation and weight management.
- The practice actively encourages patients with no fixed abode to register at the practice and provides food vouchers for those found to be in most need.
- Patients identified as being vulnerable, for example patients who are housebound, are identified by an alert on their patient record as well as on a list kept within the administration office. The practice told us that a dedicated member of the administration team contacts these patients once a week to enquire about their welfare, if any concerns are identified these are referred to a doctor.
- Notices in the patient waiting area told patients how to access a wide range of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 29 carers identified which was less than 1% of the practice list.
- The practice recognised the number of carers they had formally registered was low. However, the practice told us that they considered the demographics of the patient list, with a low number of patients from the older age range, may also impact on the low number of carers.
- The practice maintained a bereavement register. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service. The practice would also send a card to the bereaved family.

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 Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Clinical staff had access to advice and support from a wide range of specialist staff including dietician, the local respiratory team and staff also worked closely with the diabetes team.
- 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 was proactive in developing services. They offered on-line appointment booking, a text messaging service to remind patients of their appointments and repeat prescriptions.
- A full range of health promotion and screening clinics and advice was available to meet the recognised needs of the patient group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly. Appropriate training had been provided for staff to support understanding and awareness.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccination centre.
- The practice had 89 registered patients who lived in a residential care home. GPs undertook twice weekly visits to the care home and liaised with family members and care home staff appropriately.

- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis, links with the community midwife team and health visitors formed part of the support available.
- The practice had a system in place to identify patients with a known disability.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) where necessary and encouraged patients to self-refer where appropriate.

Access to the service

The practice was open between 8am and 8pm Monday to Sunday. Appointments were available during those times.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above local CCG and national averages; whilst access by telephone was remained lower than average.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 57% of patients said they could get through easily to the surgery by phone compared to the local CCG average 60% and the national average of 73%.

The practice told us that they had installed an automated information and queuing system on the telephone network to improve the patient experience. This was in response to feedback from the PPG and local survey outcomes. The practice told us that they continued to review telephone access into the practice and anticipated an improvement in these results once the new telephone system had been in operation for a longer period. Patients we spoke to on the day of the inspection told us they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the identified lead person who handled complaints in the practice. The practice carried out an analysis of complaints and

Are services responsive to people's needs?

(for example, to feedback?)

produced an annual complaints report. Information on how to complain was readily available to patients. The practice leaflet contained information about how to complain, notices were displayed in the waiting area and information was available on the practice website. Patients we spoke with told us they had never had the need to complain but would talk to the practice manager if they had any problems. .

Information about the role of the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England) was routinely available.

We looked at two complaints received in the last 12 months and found all of these had been dealt with in a timely way. The practice shared their complaints data with the executive management team at Provider level. Lessons learnt from concerns and complaints were shared across the other services managed by the provider and action was taken as a result to improve the quality of care. For example, in response to concerns about telephone access to the practice and booking appointments the practice had made significant changes to their telephone management system. An electronic registration screen was available to ease patient waiting times at the reception desk and an on-line appointment booking system had increased the range of appointments accessible to patients.

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 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 held regular quarterly business planning meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

The practice had a Business Development Plan which identified existing objectives and possible future developments. The plan was corporately produced by the provider and was routinely reviewed and evaluated progress against local objectives.

Governance arrangements

The practice described its management style as “professional yet informal”. There was a clear focus on positive engagement with staff across the clinical and administrative bases. The practice told us they had introduced an employee of the month scheme to recognise outstanding contributions of staff.

The practice had clear governance structure 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 framework and that staff were aware of their own roles and responsibilities.
- The policies in place at the practice were issued at corporate level by the provider. Copies of all relevant policies and associated guidance and protocols were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by executive managers and the practice management team through regular meetings and progress review sessions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The Provider’s management team actively encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of written correspondence.

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

- The practice told us, and staff confirmed, that regular team meetings were held at which staff were encouraged to participate. However, we noted that the meetings were not routinely minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by management and clinicians in the practice. Staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The management team at the practice, with support from the provider, had plans to reorganise the structure of the management team. The realignment of duties would facilitate a change of focus for the practice manager and enabled service development improvements to be identified and implemented. For example, a review of policies and procedures and the consolidation and service development plans.

Are services well-led?

Good 

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

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 Friends and Family Test, the Patient Participation Group (PPG) and through local patient surveys and comments and complaints received.
- The PPG members told us that as a result of the concerns about the availability of appointments they had taken steps to publicise the volume of patients that did not attend (DNA) for their scheduled appointments. Notices had been displayed within the waiting area and information on the website and practice leaflet had intended to raise patient awareness.
- The practice told us that they had made improvements to the telephone system and had completed a programme of redecoration and minor refurbishment work throughout the premises as a result of patient feedback.
- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns

or issues with colleagues and management. The practice told us that they made changes to the way annual patient reviews and recalls were planned and this had increased patient uptake.

Continuous improvement

There was a clear and strong focus on continuous learning and improvement at all levels within the practice.

At the time of our inspection, the practice was involved in a range of patient care services to meet the individual and collective needs of the practice population.

For example,

- The practice had identified the target to reduce obesity by promoting a healthy lifestyle for its patients.
- The practice had a service development plan focused on reducing health inequalities by working in close partnership with other agencies, such as a local project supporting the homeless and a social inclusion group.
- With the aim of increasing the diversity of representation of patients offering feedback, the practice told us that, in conjunction with the PPG, they were exploring the possibility of developing a 'virtual' patient representation group.