Dr Bajwa and Partners

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bajwa and Partners, more commonly known as Little Chalfont Surgery on 2 March 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 which had quality, safety and person-centred care as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had a clear leadership structure, effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.
- Procedures were in place for monitoring and managing risks to patient and staff safety. During the inspection we saw assurance of further, more robust procedures planned to be completed.
- Feedback from patients about their care was consistent and highly positive.
- The practice understood the needs of the changing local population and planned services to meet those needs.
- Outcomes for patients who use services were consistently very good. Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed excellently in obtaining 99% of the total points available to them for providing recommended care and treatment to patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

However, there was an area of practice where the provider needs to make improvements. Importantly the provider should:

Summary of findings

- Review the health and safety arrangements within the practice, ensuring all potential health and safety related risks have been identified.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions 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. Staff had received recent awareness training in child sexual exploitation, domestic violence and female genital mutilation.
- Procedures were in place for monitoring and managing risks to patient and staff safety.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were higher when compared to the local and national average. A comprehensive understanding of the performance of the practice was maintained.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Records showed the practice proactively sought and promoted healthier lifestyles, this was evident in national cancer screening programme data and immunisation data as the practice was above both local and national averages for childhood immunisations and influenza.
- The practice had a comprehensive system in place for completing a wide range of completed clinical audit cycles which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored higher when compared to the local Clinical Commissioning Group (CCG) and national averages for satisfaction scores on consultations with GPs, nurses and interactions with reception staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality. Staff were highly motivated and inspired to offer care that was kind and which promoted people's dignity.
- Feedback from patients was substantially positive with the vast majority of patients reporting that all staff gave them the time they needed, that GPs and nurses were good at explaining treatment and tests, and all staff including reception staff were very helpful.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had good facilities and was 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.
- Feedback from patients reported that access to a named GP and continuity of care was always available quickly, and urgent appointments were always available.
- Patients responding to the GP National patient survey reflected good access to appointments. For example:

Summary of findings

- 80% of patients found it easy to get through to the surgery by telephone which was higher when compared with the CCG average (76%) and the national average (73%).
- 91% of patients said they were able to get an appointment to see or speak to someone the last time they tried. This was higher when compared with the CCG average (88%) and national average (85%).

Are services well-led?

Good

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 practice specific 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 practice had a strategic approach to future planning as the local health economy continues to change.
- 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 (PPG) was active and involved in decisions. There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The management team fully engaged with the Care Quality Commission inspection process. We were presented with extensive documents during the inspection. This included action plans; a working document, updated regularly and

assigned different actions to key members of staff. The plan had defined sections including aligned work streams, tasks, activities, assurances, outcomes, an owner and target completion date.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- 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. Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than local and national averages. For example, 100% of patients aged 75 or over with a record of a fragility fracture and a diagnosis of osteoporosis, were being treated with an appropriate bone-sparing agent. This was higher when compared to the local CCG average (92%) and national average (93%).

People with long term conditions

Good

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

- The GPs and nurse team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- One of the GPs had a special interest in the management of long-term conditions. They had designed and implemented bespoke personalised care plans to meet the needs of individual patients; specifically patients with long-term conditions. These care plans promoted self-management and empowerment to manage their conditions through education and information.

Summary of findings

Quality data demonstrated the monitoring of patients with long term conditions was better when compared to local and national averages. For example:

- Performance for diabetes related indicators was higher when compared to the CCG and national average. The practice achieved 96% of these targets, which was higher than the CCG average (93%) and national average (89%).
- Performance for COPD related indicators was higher when compared to the CCG and national average. The practice achieved 100% of these targets, higher when compared to the CCG average (99%) and national average (96%).
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates higher when compared to the CCG and national averages.
- 76% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. This was similar to the national average, 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 89%, which was higher when compared to the CCG average (77%) and the national average (82%).
- Staff had received awareness training in recognising and acting upon child sexual exploitation, domestic violence and female genital mutilation.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- 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.
- There was a range of appointments between 8.30am and 6pm every weekday. Extended hours surgeries were available three weekday mornings a week when appointments started at 7.40am and one evening surgery when the last appointment was 7.50pm.
- 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.
- The practice provided a full travel vaccine service (excluding yellow fever).
- Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests. There was an arrangement for neighbouring practices to use this service, creating a community phlebotomy service.

People whose circumstances may make them vulnerable

Good

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

- There were policies and arrangements to allow people with no fixed address to register and be seen at the practice.
- The practice offered longer appointments for patients with a learning disability.
- It had carried out annual health checks for people with a learning disability and there was evidence that these had been followed up.
- The practice were early adopters in developing a vulnerable adult register which led to the vulnerable families register. We saw the GPs regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

Quality data demonstrated the monitoring of people experiencing poor mental health (including people with dementia) was better when compared to local and national averages. For example:

- 93% of people experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was higher when compared to the local average (89%) and national average (88%).
- The practice carried out advance care planning for patients with dementia. For example, 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher when compared to the local average (86%) and national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- All staff had a good understanding of how to support patients with mental health needs and dementia. Following a series of missed appointments, one of the reception staff proposed a revised reminder service for patients with dementia. We saw patients with dementia had an option of regular telephone reminders ranging from several hours and up to 20 minutes before the planned appointment.

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 higher in terms of patient satisfaction when compared with local and national averages. On behalf of NHS England, Ipsos MORI distributed 250 survey forms and 109 forms were returned. This was a 44% response rate and amounts to 2% of the patient population.

- 80% found it easy to get through to this practice by phone (CCG average 76%, national average 73%).
- 80% described their experience of making an appointment as fairly good or very good (CCG average 76%, national average 73%).
- 87% described the overall experience of their GP practice as fairly good or very good (CCG average 85%, national average 85%).
- 83% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all highly positive about the standard of care received.

We spoke with six patients during the inspection. All six patients said they were entirely happy with the care they received and they felt that all the staff treated them with respect, listened to and involved in their care and treatment. Patients were complimentary about access to appointments.

Areas for improvement

Action the service SHOULD take to improve

- Review the health and safety arrangements within the practice, ensuring all potential health and safety related risks have been identified.

Dr Bajwa and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.**The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Bajwa and Partners

Dr Bajwa and Partners is more commonly known as Little Chalfont Surgery and is a small semi-rural surgery in Little Chalfont, Buckinghamshire. The practice is located within a converted residential dwelling that was extended in 2005; a dental practice is located within the same building. Little Chalfont Surgery is one of the practices within Chiltern Clinical Commissioning Group and provides general medical services to approximately 5,600 registered patients.

All services are provided from:

- Little Chalfont Surgery, 200 White Lion Road, Little Chalfont, Buckinghamshire HP7 9NU.

The practice comprises of two GP Partners (both male), one female GP Retainer (a GP working up to four sessions a week in an educationally protected environment) and two GP Registrars (both female). The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of two practice nurses and a phlebotomist. The phlebotomist also undertakes reception and administration duties. In addition, the practice is supported by a midwife who runs clinics on the practice premises.

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

According to data from the Office for National Statistics, Little Chalfont has a high level of affluence, significantly low overall mortality, low incidence of substance misuse and severe mental health problems and low but increasing levels of deprivation.

The practice population has a lower proportion of patients with a reported long-standing health condition compared to the national averages and a higher proportion of patients aged under 19 and aged between 40 and 59 compared to the national average.

The practice has core opening hours between 8.30am and 6pm every weekday. Extended hours surgeries are available three weekday mornings a week when appointments start at 7.40am and one evening surgery when the last appointment is 7.50pm.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Detailed findings

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. This included information from Chiltern Clinical Commissioning Group (CCG), Healthwatch Buckinghamshire, NHS England and Public Health England.

We carried out an announced visit on 2 March 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, phelmbomist and members of the administration and reception team. On announcing the inspection we spoke with the practice manager who provided key correspondence for the inspection. During the inspection we also spoke with the practice manager, six patients who used the service and one member of the patient participation group (PPG).
- 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.

Good

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 were recording forms readily available throughout the practice.
- 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, we saw an analysis of a significant event following a delay in a cancer referral.

The practice reviewed all measures in place to ensure this did not happen again. This included a change in referral process and co-ordinated learning with the Primary Care Engagement Facilitator from Cancer Research UK (a national cancer research and awareness charity with an aim to reduce the number of deaths from cancer).

We saw the practice had in place an understanding and an effective policy on their responsibility with regards to the Duty of Candour. 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 we spoke with described a recent safeguarding meeting led by the GP Retainer who shared recent learning and awareness on female genital mutilation. Staff also demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding children level three, the nurses were trained to Safeguarding children level two and the GPs and nurses had completed adult safeguarding training.
- Notices in the waiting, treatment and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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. One of the practice nurses had recently been appointed the infection control lead; they had started to liaise with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, in December 2015 the infection control audit highlighted areas for concern and scored the practice 81% with partial compliance. In February 2016, the audit scored the practice 88% with full compliance.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice 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. Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We asked to review a

random PGD for one of the medicines that the nurses administer, we randomly chose, Men ACWY vaccine (Men ACWY vaccine is given by a single injection and protects against four different causes of meningitis and septicemia–meningococcal (Men) A, C, W and Y diseases). At the time of inspection this was missing from the PGD folder, when we advised the practice of our findings they immediately obtained the updated version and commenced local authorisation for its use. We found two out of date asthma inhalers, one from October 2015 and one from December 2015 stored in a decommissioned secure metal cupboard that the practice could not account for. This was brought to the attention of the practice and we saw arrangements for the destruction of these medicines were made immediately.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were 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 corridor leading to the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments, staff had received fire safety training and the practice carried out regular fire drills. All electrical clinical equipment was checked to ensure the equipment was safe to use. We saw there were other electrical items for example computers, lamps and projectors which had not been checked. When highlighted to the practice we saw an immediate response and portable appliance testing (PAT testing) arranged for all electrical appliances on the premises. Throughout the inspection we observed all clinical equipment had been calibrated (April 2015) 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 an in-house legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following discussions with the practice we saw the practice had arranged a further legionella risk assessment to be completed by an independent water treatment specialist.

Arrangements to deal with emergencies and major incidents

The practice had suitable 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 basic life support training and there were emergency medicines available within the practice.
- There was a dental practice located within the same premises as Little Chalfont Surgery, on the day of inspection there was a medical emergency within a dental treatment room. We observed staff from Little Chalfont Surgery offer assistance and support to the dental practice prior to the arrival of the ambulance.
- The practice had a defibrillator available on the premises and oxygen with adult, child and baby 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 covered the appropriate range and 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.

Good

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 patient's 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 6% 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).

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

- Performance for diabetes related indicators showed the practice had achieved 93% of targets which was comparable to the CCG average (93%) and higher than the national average (89%). For example, 98% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was higher when compared to the CCG average (93%) and national average (94%).
- Performance for hypertension (high blood pressure) related indicators were slightly higher when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).
- Performance for mental health related indicators was higher when compared to the CCG and national average. The practice achieved 100% of targets compared to a CCG (97%) and national average (93%).

Clinical audits demonstrated quality improvement.

- The practice had a comprehensive system in place for completing a wide range of completed clinical audit cycles. The GP Partners supported the GP Registrars to complete clinical audits and one of the GP Registrars told us they were encouraged to self-audit for example a review of all two week wait cancer referrals. We saw recent audits for diabetes, family planning, mental health, prescribing and learning disabilities. We saw seven 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; one example was improving services for people with dementia and their families and carers. Historically there had been low dementia prevalence (0.22%) within the practice population which was significantly lower when compared to the local CCG (0.47%) and national prevalence (0.53%). The low prevalence presented an audit opportunity for the practice to increase the number of patients diagnosed with dementia to ensure they received the correct care, treatment and support.
- In order to address this further, the surgery identified a dementia champion. The dementia champion and the full practice team decided to improve dementia detection through proactive screening of patients at high risk. This audit was being completed during the inspection but initial findings had identified a significant increase, the prevalence had risen to 0.55% (28 patients) which was in line with the national average.
- Other audits were carried out that affected very small numbers of patients and did not, due to patient's individual circumstances, demonstrate any change in practice.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one of the nurses had recently completed an asthma diploma (an advanced qualification providing a comprehensive overview of asthma and practical solutions for managing specific clinical issues) which had included an assessment of competence.
- 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 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 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 nurse prescriber 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.
- Information from Public Health England showed 98% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared to the CCG average (96%) and national average (94%).
- The practice actively promotes the use of clinical indicators and monitoring reminders on patient medication labels. These reminders reduce the number of medication errors and can include additional information, such as warnings and precautions to be taken with certain medications.

The practice's uptake for the cervical screening programme was 89%, which was significantly higher when compared to the CCG average (77%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Good

Are services effective?

(for example, treatment is effective)

All the staff within Little Chalfont Surgery encouraged its patients to attend national screening programmes for bowel and breast cancer screening; data from Public Health England reflected significant success in patients attending screening programmes. For example:

- 66% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (59%) and national average (58%).
- 77% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar to the CCG average (76%) and higher than the national average (72%).

Records showed the GP and nurse proactively sought and promoted the immunisation programme and this was evident in the immunisation data as the practice was above both local and national averages for influenza and childhood immunisations. For example:

- 98% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 1 August to 31 March. This was 4% higher when compared to the national average (94%).

Childhood immunisation rates for the vaccinations given in 2014/15 to children under 12 months were 100%, under two year olds ranged from 92% to 96% and five year olds from 75% to 96%. These were similar to CCG averages which ranged from 92% to 96% for under two year olds and 79% to 96% for five year old children.

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

Good

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

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced.

Patients said the practice offered an excellent service and staff were sincere, welcoming and caring. They said staff treated them with respect and were genuinely interested in their wellbeing.

Comment cards highlighted episodes when staff responded compassionately when they needed help and provided support when required.

We also spoke with six patients on the day of our inspection and the experience of these patients further supported the feedback in the comments cards. All the patients we spoke with said they would recommend the practice. Patient testimonials presented by the practice 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. Notably satisfaction scores for interactions with reception staff and the nursing team were higher when compared to the CCG and national average. For example:

- 95% said the GP was good at listening to them (CCG average 91%, national average 89%).
- 98% said the GP gave them enough time (CCG average 88%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 98% said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. 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 practice staff explaining care options, tests and treatment. For example:

- 92% said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 96% said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We

Good

Are services caring?

saw notices in the reception areas informing patients this service was available. The practice was aware of the likely increase in demand in translation services as there is a growing Polish and Chinese community within the locality.

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.

One of the reception team was also employed as the practice 'carers lead' providing support through community settings to enable patients to live independently for longer. We were shown a comprehensive tool kit available for carers to ensure they understood the various avenues of support available to them.

The practice's computer system alerted GPs if a patient was also a carer. In March 2016, the practice patient population list was 5,567. The practice had identified 71 patients, who were also a carer, this amounts to just over 1% of the practice list.

We were shown a recent audit completed by the practice which aimed to highlight how many carers were in the practice and compare the findings to the recommended numbers. This audit identified several actions which had been embedded into practice procedures for example, increased advertising of carers services within the practice and self-referral forms.

The practice worked closely with the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers. We were told and we saw evidence of support services for young carers who care for a parent or another member of their family. We were also shown documents for patients' relatives regarding what to expect with end-stage dementia.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was fully aware that the village surgery was slowly becoming a commuter belt surgery which required adaption to the evolving population requirements. For example, the practice offered early morning 'commuter belt' appointments starting at 7.40am three times a week and evening appointments until 7.50pm once a week. The early morning and evening appointments were designed for working patients who could not attend during normal opening hours however there was no restrictions who could access these appointments.
- Little Chalfont Surgery was continuing the tradition of participating in village life. We saw examples of attendance at village days, health fairs, parish council meetings and meetings with Little Chalfont Community Association.
- 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.
- There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.
- There were automatic doors at the entrance to the practice; however there was an additional non-automatic door which lead into the reception area. We noted there wasn't a lowered reception desk or a hearing loop available. This could create a barrier to those people who used a wheelchair or had a hearing impairment.
- Staff we spoke with said they had completed equality and diversity training. Staff confirmed that equality and diversity was discussed at staff meetings.
- Staff told us there was an open policy for treating everyone as equals and there were no restrictions in registering. For example, staff told us homeless patients would be registered and seen without any discrimination. This enabled homeless patients to receive appropriate care and treatment.

Access to the service

The practice had core opening hours between 8.30am and 6pm every weekday. Extended hours surgeries were available three weekday mornings (Monday, Wednesday and Thursday) a week when appointments started at 7.40am and one evening (Tuesday) surgery when the last appointment was at 7.50pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar or slightly better when compared to CCG and national averages.

- 73% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).
- 80% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 69% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).
- 56% of patients said they feel they don't normally have to wait too long to be seen (CCG average 60%, national average 58%).

We reviewed the most recent data available for the practice on patient satisfaction regarding access to appointments. This included information from the January 2016 GP national patient survey results (109 respondents), NHS Choices website (22 reviews), 36 CQC comment cards completed by patients and six patients we spoke with on the day of inspection.

The evidence from these sources with the exception of NHS Choices website showed patients were satisfied with how they access appointments, including telephone access. The practice manager had reviewed all feedback on NHS Choices, proactively sought patients' feedback and engaged patients in the delivery of the service and the development of the appointment system.

Good

Are services responsive to people's needs?

(for example, to feedback?)

No negative feedback from the 42 patients (written and verbal) relating to the appointments was received. One of the six patients we spoke with on the day of inspection complimented the early morning appointments as these appointments allow an early GP appointment followed by a full day at work.

Listening and learning from concerns and complaints

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

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

The practice had received seven complaints in the last 12 months and we found all were satisfactorily handled and dealt with in a timely way. No themes had been detected but individual lessons had been learnt from several complaints and actions taken to improve the quality of care. The practice showed openness and transparency in dealing with the complaints we reviewed.

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

We heard from all the staff we spoke with that there was a 'patient first' ethos within the practice. The GP Partners and practice manager individually commented the reason to exist as a surgery is for the care of the Little Chalfont community. This was corroborated by the patients with whom we spoke.

- We found that there was a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice vision and values evolved from a practice away day which all staff attended. All staff were involved in the development of the practice values.

Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice. Staff told us the practice was patient focused and they told us the staff group were well supported.

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.
- A comprehensive understanding of the performance of the practice was maintained. Areas of concern had been reviewed and action plans including audits implemented which demonstrated improved performance.
- 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. Further, more robust arrangements included revised health and safety arrangements were implemented immediately after the inspection.

Leadership and culture

The GPs in the practice ensured the service provided safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Following a practice away day, all staff had been involved in creating and embedding Little Chalfont Surgery aspirations into everyday life at the practice. An example of a practice aspiration was to value and recognise contributions from the team.

We spoke with 12 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The management team fully engaged with the Care Quality Commission inspection process. We were presented with extensive documents during the inspection. For example, a comprehensive improvement and development plan which had been complied by the practice. This plan was a working document, updated regularly and assigned different actions to key members of staff. The plan had defined sections including aligned work streams, tasks, activities, assurances, outcomes, an owner and target completion date.

The practice was a GP training practice. One of the registrars had started at the practice on the day of inspection, we spoke with the other GP registrar who had been at the practice for eight weeks and she spoke of the quality of leadership and support received at the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP 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 people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.
- 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.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported, particularly by the GPs.
- 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.

- We found the practice to be involved with their patients and the Patient Participation Group (PPG) more commonly known as 'Friends of Little Chalfont Surgery'. The PPG had carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through social events, away days, informal coffee mornings, staff meetings, appraisals and other discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice was engaged with Chiltern Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings. The relationship between the PPG and the practice was good with meetings that were attended by GPs and practice management.

Continuous improvement

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

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning time and access to online training materials.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients.
- The practice monitored and audited the service they provided and planned ahead to ensure continuity and further development of the services it provided.

Following our inspection, we were sent an updated plan which included aspects of our initial feedback we provided at the end of the inspection. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.