

Asplands Medical Centre

Quality Report

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Date of inspection visit: 19 April 2016
Date of publication: 09/06/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Asplands Medical Centre on 19 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice had extended their premises to enable them to host additional services, such as a physiotherapist, a counsellor, alcohol and drug support and Alzheimer's support services.
- The practice recognised the needs of its frail elderly population and those with complex needs and adapted its services to improve access for them. For example, operating combi clinics for patients with multiple chronic conditions and ensuring that clinics ran alongside the availability of a volunteer transport service.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- We saw that procedures relating to the management of controlled drugs were not always effectively monitored. The practice took immediate action to address this, both during and after our inspection, to ensure that protocols were followed and updated where necessary; ensuring procedures were more robust and the chance of recurrence was minimised.
- The provider was aware of and complied with the requirements of the duty of candour. We saw that the provider took prompt action to inform necessary stakeholders when concerns arose relating the management of controlled drugs.

We saw one area of outstanding practice:

- We saw that the practice had offered support to victims of human trafficking; opening outside of normal practice hours to provide this service.

There was one area where the provider must make improvement:

- To ensure procedures for the safe management of controlled drugs are followed and regularly reviewed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was a system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always monitored effectively to ensure patients were kept safe. In particular, procedures relating to the safe management of controlled drugs were not always followed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published January 2016 showed patients rated the practice higher than others for almost all aspects of care. 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%. Feedback from patients about their care and treatment was consistently positive.

Good



Summary of findings

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We saw that the practice had offered support to victims of human trafficking; opening outside of normal practice hours to provide support to these patients. The practice received no additional funding for this service.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted upon. The practice provided combination clinics for patients living with multiple chronic conditions and these were planned in conjunction with a volunteer transport service for frail elderly patients and those with complex needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice had extended their premises to enable them to host additional services, such as a physiotherapist, a counsellor, alcohol and drug support and Alzheimer's support services.
- There were innovative approaches to providing integrated patient-centred care. A weekly baby clinic; led by a health visitor, ran alongside the nurse led immunisation clinic. This was supported by designated doctors as requested by the baby clinic staff, underpinning the practice's commitment to a multi-disciplinary approach to safeguarding and child health.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example the practice had introduced additional chronic conditions clinics in the afternoons following feedback received.

Good



Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. For example, asthma clinics were available outside of school hours to ensure children were well supported to manage their condition.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- We saw that procedures relating to the management of controlled drugs were not always effectively monitored. The practice took immediate action to address this, both during and after our inspection, to ensure that protocols were followed and updated where necessary, ensuring procedures were more robust and the chance of recurrence was minimised.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- The practice was responsive to the needs of older people, who represented over 20% of the practice population. They offered home visits and urgent appointments for those with enhanced needs.
- A volunteer transport service was able to take patients to the surgery on Tuesdays and Thursdays and the practice ensured that chronic conditions clinics were run on these days. They also provided combi clinics for patients with more than one condition, which was particularly beneficial for the frail elderly population with limited access to transport.
- The practice worked with staff at local residential care homes where they had registered patients, to ensure the ongoing needs of these patients were managed.

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.
- The practice provided combi clinics for patients with multiple chronic conditions, enabling them to receive appropriate health monitoring in one appointment.
- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification in the preceding 12 months was 89% which was similar to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 offered a teenage card to young patients, which enabled them to receive an immediate appointment when necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies. .
- A weekly baby clinic, led by a health visitor, ran alongside the nurse led immunisation clinic. This was supported by designated doctors as requested by the baby clinic staff, underpinning the practice's commitment to a multi-disciplinary approach to safeguarding and child health.
- The practice participated in health promotion programmes aimed at reducing sexual health risks including contraception and screening for sexually transmitted diseases, such as Chlamydia. The practice ran a designated sexual health clinic weekly. Patients not registered with the practice were also able to attend this clinic.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 82% and the national average of 74%.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. At the time of our inspection there were 29 patients on the learning disability register of which 18 had received their annual review in the 12 months preceding. There were 78 patients on the dementia register, of which 67 had received an annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice had extended its premises to enable them to host additional services not normally found in a primary care setting, such as a counsellor, alcohol and drug support and Alzheimer's support services.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- We saw that the practice had offered support to victims of human trafficking, opening outside of normal practice hours to provide this service.
- 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).

Good



- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% where the national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They also hosted an Alzheimer's support service at their premises.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 231 survey forms were distributed and 110 were returned. This represented a return rate of 48% and 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 77% and national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Comments received showed that patients felt they received a high level of service and care from the practice team. Clinicians were described as dedicated, professional and compassionate.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Asplands Medical Centre

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 advisor, a practice manager specialist advisor and a pharmacist specialist advisor.

Background to Asplands Medical Centre

Asplands Medical Centre provides a range of primary medical services, including minor surgical procedures from its semi-rural location at Asplands Close, Woburn Sands in Bedfordshire. The practice has a branch surgery, known as the Woburn Surgery on Eleanor Close, Woburn in Bedfordshire. There is a dispensary at both the main practice and the branch surgery that provides medicine for patients who live more than one mile from a pharmacy.

The practice serves a population of approximately 11,400 patients with higher than average populations of both males and females aged 45 to 74 years. There are lower than average populations aged 0 to 34 years. The practice population is largely white British. National data indicates the area served is less deprived in comparison to England as a whole.

The clinical staff team consists of three female GP partners, three male GP partners, one female salaried GP, one GP registrar, two nurse prescribers, three practice nurses, three health care assistants and a phlebotomist. The team is supported by a practice manager partner and a team of

administrative staff. The practice holds a General Medical Services (GMS) contract for providing services and is a training practice with one GP registrar who we did not meet on the day of our inspection.

Asplands Medical Centre is open between 8am and 6.30pm Mondays to Fridays and on Saturdays between 8.30am and 12pm. The branch surgery in Woburn is open from 8am to 1pm and from 2pm to 6.30pm Monday to Wednesday and from 8.30am to 1pm on Thursdays and Fridays. Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service, the out of hours service is provided by Milton Keynes Urgent Care Services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 April 2016. During our inspection we:

- Spoke with a range of staff including three GP partners, a practice nurse and a health care assistant.
- Spoke with patients who used the service.

Detailed findings

- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a 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 recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. This included discussion at weekly clinical governance meetings and quarterly re-audits of significant events to ensure learning had occurred where necessary.

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. For example, the practice received a medicines recall alert for an anti-sickness medicine. We saw that the dispensary staff checked for stock of the medicine, took the appropriate action and kept records to validate the action taken. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw evidence that when a patient was prescribed the wrong medicines the practice had been prompt to respond and investigate the incident. Whilst no harm came to the patient, an apology was given and new processes were implemented to reduce the risk of recurrence.

Overview of safety systems and processes

For the majority of safety systems and processes, the practice had clearly defined and embedded procedures in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate levels in relation to safeguarding children and adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. The lead nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw that chairs had been replaced or recovered following an audit undertaken.
- The practice had arrangements in place for managing medicines, including emergency medicines and vaccines. These arrangements encompassed obtaining, prescribing, recording, handling, storing, security and disposal of medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers

Are services safe?

and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensaries at both the main surgery and the branch surgery. All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. There was a process for recording medicines incidents or 'near misses' to enable learning and reduce risk. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. However, we found evidence that these procedures were not always followed; in particular records relating to the destruction of controlled drugs were not completed. We saw evidence that where anomalies in stock were identified, practice procedures to investigate these anomalies were not followed. The practice conducted annual dispensary audits but had not audited these specific procedures and had therefore failed to identify that they were not always being followed. The practice took immediate action during our inspection to launch an investigation into our findings. This involved informing the appropriate stakeholders to enable them to conduct an independent investigation. We saw that they took a proactive approach to our findings, they followed their procedures and promptly identified where their systems had failed and areas they could develop and improve to reduce the risk of recurrence.
- 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

Most risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We were told that administrative staff were multi skilled and could cover additional roles if needed. Staff told us they worked flexibly as a team to cover holidays and sickness.

Arrangements to deal with emergencies and major incidents

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

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

Are services safe?

- 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 key suppliers and a copy of the plan was kept remotely.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification in the preceding 12 months was 89% which was comparable to the clinical commissioning group (CCG) average of 90% and national average of 88%.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% where the CCG average was 87% and national average was 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was comparable to the CCG and national averages of 84%.

There was evidence of continuous quality improvement including clinical audit.

- There had been 14 clinical audits undertaken in the last two years, two 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.
- Following audits undertaken, findings were used by the practice to improve services. For example, a diabetes audit analysed blood glucose levels of patients as an indicator for effective management of diabetes in those patients. Recommendations following audit included the implementation of written diabetes action plans. A re-audit of information showed a marked improvement in outcomes for patients, with an increase in the percentage of patients demonstrating effective management of their condition.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence that the practice tailored inductions to the needs of individual staff to ensure they received the appropriate support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. We saw evidence of a strong commitment to staff development. Staff we spoke with informed us they received regular training and were encouraged to develop and maintain their skills. For example, we saw evidence that nurses were supported to gain additional qualifications to enable them to review patients with long-term conditions such as asthma and diabetes. They attended courses and utilised weekly nurses meetings to share and update learning. The practice also funded a practice nurse magazine to ensure the nursing team had access to relevant clinical information.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 computer 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. The practice held a register of patients at risk of unplanned hospital admission or readmission and we saw that patients on this register were discussed at weekly multi-disciplinary case management meetings when needed. At the time of our inspection there were 164 patients on this register. We saw evidence that multi-disciplinary meetings were attended by local district nurses and that care plans were routinely reviewed and updated.
- The practice held multi-disciplinary team (MDT) meetings that made use of the gold standards

framework (for palliative care) to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, MacMillan nurses and local support services. A list of the practices palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were then signposted to the relevant services.
- All new patients were asked to complete a questionnaire on alcohol consumption. This was a practice based questionnaire known internally as audit C. This enabled the practice to monitor alcohol consumption in its patient population and ensure they were able to provide the required level of support for those that needed it through liaison with the practice based drug and alcohol support worker.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 82% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker

Are services effective?

(for example, treatment is effective)

was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that 65% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 60% and the national average was 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 99% and five year olds from 90% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. At the time of our inspection, for the period 2011 to 2016 the practice had completed 542 of the 1,786 patients invited for health checks for the 40-74 age group. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) and five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice demonstrated a strong patient centred culture. We were given examples whereby the practice had gone over and above expectation to support vulnerable patients. For example, following liaison with the local police the practice had opened its services on a Sunday, outside of normal hours, to treat individuals who were victims of human trafficking. The practice did not receive any additional funds for providing this service. This amongst other examples of their continued commitment to their patients had led to the practice being highly regarded within its local community and we saw examples of positive acknowledgement from the community, such as in local newspapers.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The practice operated a personal list system with GPs maintaining their own patient lists. This ensured that wherever possible patients received continuity of care, providing them with familiarity and confidence in the GPs they saw. Patients we spoke with told us they felt their GPs knew them and that they were encouraged to discuss their treatment options. Patients had the option to request to see a different GP if they wished to.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website, for example for weight management.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 386 patients as carers (3% of the practice list). The personal lists maintained by the GPs enabled them to recognise carers in their population through familiarity and identify individuals who may be in need of additional support. Written information was available to direct carers to the various avenues of support available to them. We were also told of plans to develop a community access area on the practice website for patients and carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Over 20% of the practice population were elderly, this factor alongside its semi-rural location and the restricted public transport facilities available to patients was recognised by the practice, who responded by aiming to provide as many additional services as possible. We were told that they had successfully applied for funding to extend the practice and as a result were able to host many additional services within the practice building. Examples of the services available were a physiotherapist (who also saw some patients not registered at the practice), a counsellor, alcohol and drug support workers and an Alzheimer support worker.

We saw that patients with long-term conditions received regular reviews based upon their individual needs at chronic condition clinics held at the practice. All long-term conditions were managed by a GP and a nurse. The practice planned these clinics around the needs of its population. A volunteer transport service was able to take patients to the surgery on Tuesdays and Thursdays and the practice ensured that chronic conditions clinics were run on these days. They also provided combi clinics for patients with more than one condition, which was particularly beneficial for the frail elderly population with limited access to transport. In response to patient feedback the practice provided additional clinics in the afternoons to ensure that patients who could not attend morning clinics were able to access the same level of care.

We saw that staffing was planned to ensure that patients received appropriate support in a timely manner and that staff performing reviews were well supported. For example, newly trained nurses worked alongside more experienced nurses to ensure they had adequate support if needed in an effort to ensure patients received high quality care. An asthma clinic was run specifically for children out of school hours and various clinics were available on Saturday mornings as the practice rotated staff with different skills, ensuring that all requirements were met for at least one Saturday each month.

There were registers for patients with dementia and those with a learning disability. These patients were also invited for an annual review. At the time of our inspection there were 29 patients on the learning disability register of which 18 had received their annual review in the 12 months preceding. There were 78 patients on the dementia register, of which 67 had received an annual review. We saw that the practice had discussed options for encouraging more patients on these registers to attend reviews.

- The practice offered a teenage card to young patients, which enabled them to receive an immediate appointment when necessary.
- There were longer appointments available for patients with a learning disability.
- The practice conducted a high number of home visits to meet the needs of its frail elderly population and patients who had clinical needs which resulted in difficulty attending the practice. They also provided a dispensary delivery service to support these patients.
- The practice worked with staff at local residential care homes where they had registered patients, to ensure the ongoing needs of these patients were managed. Feedback received on the standard of care and support provided was positive.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, provisions for mothers wishing to breastfeed, a hearing loop and translation services available.
- A weekly baby clinic, led by a health visitor, ran alongside the nurse led immunisation clinic. This was supported by designated doctors as requested by the baby clinic staff, underpinning the practice's commitment to a multi- disciplinary approach to safeguarding and child health.
- The practice participated in health promotion programmes aimed at reducing sexual health risks including contraception and screening for sexually transmitted diseases, such as Chlamydia. The practice ran a designated sexual health clinic weekly. Patients not registered with the practice were also able to attend this clinic.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered a wide range of online services for patients including booking and cancelling appointments, requesting repeat prescriptions and viewing test results. We were told of investment into the development of an updated practice website which would further increase the information and services available to patients. For example, enabling them to complete pre-questionnaires for travel vaccines and asthma clinics.

Access to the service

The practice was open between 8am and 6.30pm Mondays to Fridays and on Saturdays between 8.30am and 12pm. The branch surgery in Woburn was open from 8am to 1pm and from 2pm to 6.30pm Monday to Wednesday and from 8.30am to 1pm on Thursdays and Fridays. Patients requiring a GP outside of normal hours were advised to phone the NHS 111 service. In addition to pre-bookable appointments that could be booked up to 24 weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

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

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 on the practice website and in the patient waiting area.

We looked at eight complaints received in the last 12 months and found they had been satisfactorily handled in a timely way. Lessons were learnt from individual concerns and complaints and patients received apologies when appropriate. The practice carried out an analysis of complaints and action was taken to as a result to improve the quality of care. For example, we saw that a complaint was received by the practice following a delay in the practice sending a referral to secondary care. The complaint was investigated and the patient received an explanation of events and an apology. The practice took appropriate action to ensure the risk or recurrence was reduced.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They aimed to be at the leading edge of modern primary care, utilising the latest technology and ensuring they were well informed on changes to the NHS, whilst maintaining a traditional approach to general practice. There was an emphasis on providing continuity of care through a usual doctor system.

- The practice had an ethos which was displayed on the website and in the patient waiting area and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, we saw that procedures relating to the management of controlled drugs were not always effectively monitored. The practice took immediate action to address this, both during and after our inspection, to ensure that protocols were followed and updated where necessary; ensuring procedures were more robust and the chance of recurrence was minimised.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners 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 reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- We saw that the practice took prompt action to inform necessary stakeholders when concerns arose relating to the management of controlled drugs.

There was a clear leadership structure in place and staff felt supported by management. The practice had undergone a period of transition with the retirement of four out of five longstanding GP partners in close proximity to one another. This had caused a period of unsettlement amongst staff. In response to this, the practice partners had organised an away day for all staff to discuss the changes and offer support. The practice provided an external facilitator at the away day to discuss the changes, deliver training on change management and offer guidance and reassurance to staff experiencing anxiety.

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

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 patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, discussed feedback and submitted proposals for improvements to the practice management team. For example, they had encouraged the practice to improve access on the telephone system. The practice responded by checking telephone lines and increasing staffing during peak periods.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We noted that the majority of staff had worked at the practice for a considerable time. Newly recruited staff informed us that they were aware of the practice's reputation locally and were keen to secure employment when the opportunity arose. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, they hosted an array of services not normally available in a primary care setting such as a physiotherapist, a counsellor, drug and alcohol support workers and Alzheimer's support services.

We saw evidence of forward thinking and robust succession planning in order to maintain the smooth running of the practice when GP partners left. The practice maintained good relations with GP registrars and we saw that former registrars had become partners at the practice. We also saw processes underway to manage smooth transitions for upcoming retirements, with a focus on training staff to ensure competence and minimal disruption to patient care.

The practice were mindful of pressures in general practice and had historically worked alongside the other rural practices in their locality, the clinical commissioning group (CCG) and other stakeholders to discuss options for sharing positive working and improving outcomes for patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured the proper and safe management of medicines. We found the provider did not regularly monitor procedures for the safe management of controlled drugs.</p> <p>This was in breach of regulation 12(1) (2) (a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>