

Dr Dickson and Partners (Norden House Surgery)

Quality Report

Norden House Surgery
Avenue Road
Winslow
Buckingham
Buckinghamshire
MK18 3DW

Tel: 01296 713434

Website: <http://www.nordenhousesurgery.co.uk/>

Date of inspection visit: 27 April 2016

Date of publication: 17/05/2016

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Dickson and Partners, more commonly known as Norden House Surgery on 27 April 2016. Overall the practice is rated as good.

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

- We found the practice had made improvements since our last inspection on 17 December 2014 and they were meeting regulations, relating to the management of medicines and assessing and monitoring the quality of service, that had previously been breached.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes. For example the designated GP for a local care home had developed

an IT link with the computer system at the care home. This provided immediate access to care records, helped with the construction of health care plans, and created continuity in care.

- Feedback from patients about their care was consistently positive.
- Patients said following the recently changed appointment system they now found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice led a collaborative project with seven local practices. The aim of the project was to transform care of the elderly in the locality.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The practice was fully aware of the developments within the village and local health economy.
- The practice had an effective governance system in place, was well organised and actively sought to learn from the previous Care Quality Commission inspection, performance data, complaints, incidents and feedback.

We saw several areas of outstanding practice, notably practice which impacts the care and treatment received by older people including:

- The practice supported older people within the locality to live healthier independent lives through a targeted and proactive approach to health promotion and prevention of ill health. For example, there was a designated GP who point of contact for the care home which the practice provides GP services for. Contact details of the designated GP were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice. Furthermore, the

designated GP for the care home had developed an IT link with the computer system at the home. This provided immediate access to care records, helped with the construction of health care plans, and created continuity in care. The GP had also set up procedures and protocols for the home to contact GPs in and out of hours.

- Norden House Surgery commenced the management of North Bucks over 75's team in January 2016. This was a collaborative project with seven local practices with Norden House Surgery leading the project. The aim of the project was to transform care of the elderly in the locality and included supporting those aged over 75 to live independently in their own homes. It was also targeted to reduce unplanned admissions and decrease the feelings of isolation. Since the service moved to Norden House, 44 patients in the locality had been referred to the service. In April 2016, the over 75's team had 115 patients who had all had a full assessment.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Systems and processes had been implemented following the previous inspection in December 2014. For example, we found medicines management reflected national guidelines, all staff were trained to the level of safeguarding and appropriate infection control systems were in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above the local CCG average and 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Aylesbury Vale Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice commenced the management of North Bucks over 75's team. This was a collaborative project with seven local practices with Norden House Surgery leading the project.
- Patients said they found the new appointment system (launched in March 2016) easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was split across two buildings, Winslow Health Centre had good facilities and was well equipped to treat patients and meet their needs whilst Norden Health Centre had limited facilities.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 involvement group and 'Friends of Norden House Surgery' was active.
- There was a focus on continuous learning and improvement at all levels. For example, in March 2015 the practice was issued with a Care Quality Commission report following the December 2014 inspection which highlighted two regulatory breaches relating to the management of medicines and assessing and monitoring the quality of service provided. We found all the actions had been completed at the inspection on the 27 April 2016. The practice had paid full heed to the report compiled by the commission, where action was required. Other examples included additional promotion of the availability of chaperones.

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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 100% of patients aged 74 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, who are currently being treated with an appropriate bone-sparing agent. This was higher when compared to the CCG average (97%) and national average (93%).
- Patients over the age of 60 can access a home delivery service for prescriptions.
- There was a designated GP point of contact for the care home which the practice provides GP services for. Contact details of the designated GP were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice. Furthermore, the designated GP for the care home had developed an IT link with the computer system at the home. This provided immediate access to care records, helped with the construction of health care plans, and created continuity in care. The GP had also set up procedures and protocols for the home to contact GPs in and out of hours.
- Norden House Surgery commenced the management of North Bucks over 75's team in January 2016. This was a collaborative project with seven local practices with Norden House Surgery leading the project. The aim of the project was to transform care of the elderly in the locality and included supporting those aged over 75 to live independently in their own homes. It was also targeted to reduce unplanned admissions and decrease the feelings of

Summary of findings

isolation. Since the service moved to Norden House, 44 patients in the locality had been referred to the service. In April 2016, the over 75's team had 115 patients who had all had a full assessment.

People with long term conditions

Good



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

- Nursing staff and the clinical pharmacist had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 90% of targets which was similar when compared to the CCG average (92%) and the national average (89%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The nurses were trained in anticoagulant (blood thinning) management and held clinics to monitor patients' blood to determine the correct dose of anti-coagulant medicine. This provided improved access and standardised delivery in monitoring dosage. It also meant there was a 'one-stop-visit' that offered testing obtaining results and adjustments in dose, with the opportunity to discuss results during the same visit.

Families, children and young people

Good



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

Summary of findings

- 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 patients who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 91%, which was higher when compared to the CCG average (83%) and the national average (82%).
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

- 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.
- Daily bookable telephone consultations were available between 3.30pm and 4pm to provide telephone advice for patients contacting the surgery.
- Extended opening hours were held on three mornings each week when pre-booked appointments were available from 7am. Originally implemented for working patients who could not attend during normal opening hours but there was no restrictions on who could book these appointments.
- 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.

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.

Summary of findings

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

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).

- 96% patients experiencing poor mental health who had a record of their blood pressure in the preceding 12 months. This was higher than the CCG average (91%) and national average (86%).
- 84% 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, also 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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.

Summary of findings

- 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 published on 7 January 2016 showed the practice was performing slightly below in terms of patient satisfaction when compared with local and national averages. On behalf of NHS England, Ipsos MORI distributed 237 survey forms and 114 forms were returned. This was a 48% response rate and amounts to 1.2% of the patient population.

- 69% of patients found it easy to get through to this practice by phone (CCG average 75%, national average 73%).
- 62% of patients usually got to see or speak to their preferred GP (CCG average 57%, national average 59%).
- 80% of patients described the overall experience of this GP practice as good (CCG average 86%, national average 85%).
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Several comments highlighted the new appointment system and the ease in obtaining a GP appointment. Patients commented that the environment

was clean, that staff treated them with dignity and respect, and that they were extremely satisfied with the high standards of care they had experienced. One comment card emphasised the need for new premises, advising the premises at Norden House Surgery were not suitable for all patients.

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.

We also spoke with the local care home which the practice provided the GP service for. They also praised the practice. They told us they highly recommend the practice and told us the service they received was responsive to patients needs and treated them with dignity and respect.

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

- The practice achieved a 97% satisfaction rate in the NHS Friends and Family Test in January 2016, 84% in February 2016 and 98% in March 2016.

Outstanding practice

- The practice supported older people within the locality to live healthier independent lives through a targeted and proactive approach to health promotion and prevention of ill health. For example, there was a designated GP who point of contact for the care home which the practice provides GP services for. Contact details of the designated GP were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice. Furthermore, the designated GP for the care home had developed an IT link with the computer system at the home. This

provided immediate access to care records, helped with the construction of health care plans, and created continuity in care. The GP had also set up procedures and protocols for the home to contact GPs in and out of hours.

- Norden House Surgery commenced the management of North Bucks over 75's team in January 2016. This was a collaborative project with seven local practices with Norden House Surgery leading the project. The aim of the project was to transform care of the elderly in the locality and included supporting those aged over 75 to live

Summary of findings

independently in their own homes. It was also targeted to reduce unplanned admissions and decrease the feelings of isolation. Since the service

moved to Norden House, 44 patients in the locality had been referred to the service. In April 2016, the over 75's team had 115 patients who had all had a full assessment.

Dr Dickson and Partners (Norden House Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Dickson and Partners (Norden House Surgery)

Dr Dickson and Partners is more commonly known as Norden House Surgery and is a semi-rural dispensing practice in Winslow, Buckinghamshire.

Services are provided from two adjacent buildings:

- Norden House Surgery, Avenue Road, Winslow, Buckingham, Buckinghamshire, MK18 3DW
- Winslow Health Centre, Avenue Rd, Winslow, Buckingham, Buckinghamshire, MK18 3DP

Norden House Surgery is one of the practices within Aylesbury Vale Clinical Commissioning Group and provides general medical services to a registered patient population of approximately 9450 patients.

The practice has expanded over recent years and as Winslow continues to grow there has been an increase in the registered patient population. This has resulted in the

GPs and management seeking to move premises to accommodate more patients and a wider range of services. Thus far several attempts to relocate the practice have proven unsuccessful.

According to data from the Office for National Statistics, Winslow has a high level of affluence and minimal economic deprivation. The practice population has a significantly higher proportion of patients aged 40-74 compared to the national average. The practice population also has a proportion of patients in a local care home and a purpose built complex of 12 individual extra care apartments for people aged over 60 (approximately 40 registered patients).

Approximately half the registered patients reside in the village of Winslow and half live in surrounding smaller villages and hamlets. The rural location of many patients enables the practice to provide a dispensing medicines service to approximately 4500 of their patients. These patients all live over one mile from the nearest pharmacy.

The practice comprises of four GP Partners (two male and two female) and four female salaried GPs.

The all-female nursing team consists of two practice nurses, four health care assistants and a phlebotomist. The phlebotomist is also the dispensary manager.

A practice manager and a team of 15 reception and administrative staff undertake the day to day management and running of the practice.

There is a clinical pharmacist working at the practice, one of the GPs is the designated dispensary lead and the dispensary team consists of a dispensary manager, four dispensers and two dispensary administrators.

Detailed findings

The practice has core opening hours between 8.30am and 6.30pm Monday to Friday with appointments available from 9am to 5.50pm daily. Daily bookable telephone consultations are available between 3.30pm and 4pm to provide telephone advice for patients contacting the surgery. Extended opening hours were held on three mornings each week when pre-booked appointments were available from 7am.

The dispensary has core opening hours between 9am and 6pm every weekday.

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

We undertook a comprehensive inspection of Norden House Surgery on 17 December 2014. The practice was rated as requires improvement overall. The practice was found to be in breach of two regulations. Requirement notices were set for regulations 13 and 10 (these were superseded by regulations 12 and 17 in April 2015) of the Health and Care Social Act 2008.

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.

The practice was previously inspected in December 2014 was rated as requires improvement. The practice was rated requires improvement in the safe and well led domains and good in the effective, caring and responsive domains. In addition, all five population groups were rated as requires improvement.

The practice was found to be in breach of two regulations of the Health and Social Care Act 2008.

Requirement notices were set for the regulations relating to management of medicines and assessing and monitoring the quality of service providers.

Specifically, we found the provider had not followed a process to ensure the proper management of medicines nor made provisions to reduce the opportunity and risk of confidential information and discussions with patients in Norden House reception, and reception office, being overheard by others. This had been reported as an issue of concern by patients and the practice had not responded by taking appropriate action to reduce risk.

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 Aylesbury Vale Clinical Commissioning Group (CCG), Healthwatch Buckinghamshire, NHS England and Public Health England.

Following the December 2014 inspection, we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

We carried out an announced visit on 27 April 2016. During our visit we:

- Spoke with a range of 14 members of staff (GPs, the management team, a nurse, a pharmacist, receptionists and dispensers) and spoke with seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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?

Detailed findings

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

When we inspected the practice in December 2014 we observed that some safety concerns were not consistently monitored in a way to keep patients safe. For example, two GPs were not trained to the appropriate level in child safeguarding and we did not find evidence that they were working towards this. Medicines were mostly well managed, however a health care assistant (HCA) occasionally administered flu immunisations without authorisation from a qualified prescriber and this did not meet legal requirements. We also observed quality control of the general cleanliness of the practice was inconsistent. Following the inspection in April 2016, we identified that improvements had been made in these areas.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident 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, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in December 2015, a refrigerator which contained vaccines was accidentally switched off and there was no record of a temperature check. Following a full thorough analysis of the event a new temperature recording system was implemented.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding. For example, all GPs were trained to Safeguarding children level three and could provide evidence of completed training, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.
- At the December 2014 inspection the inspection team observed limited promotion of the availability of chaperones. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. During the April 2016 inspection we saw numerous notices throughout the practice including the waiting area and in consultation and treatment 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 (DBS) check. (DBS)
- During the December 2014 inspection we found incomplete cleaning schedules and some areas in the treatment rooms were not clear of dirt and debris. This had been addressed and at the April 2016 inspection we found the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises including treatment rooms to be clean, tidy and free from dirt and debris. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, we saw the latest audit from December

Are services safe?

2015 and subsequent action that was taken to address any improvements identified as a result, for example the implementation of a register for infection control incidents and updated hand washing guidance placed near all sinks.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. At the December 2014 inspection, the inspection team recorded a health care assistant (HCA) occasionally administered flu immunisations without authorisation from a qualified prescriber and this did not meet legal requirements. Following the last inspection a new procedure was adopted for opportunistic vaccination of those eligible for a flu vaccination. The HCA's proactively looked in advance at their clinics and identified patients that were eligible for a flu vaccination and had not already had one within the flu immunisation clinics. When these patients had been identified, a patient note from within the clinical system was sent to the patient's GP highlighting the patient was eligible for vaccination and seeking permission to vaccinate. The GP considered the request clinically and returned the patient note either confirming or refusing the request. This information was also entered into the clinical record by the GP as a patient specific direction (PSD). A Patient Specific Direction (PSD) is a traditional written instruction, signed by a GP for medicines to be supplied and/or administered to a named patient after the GP has assessed the patient on an individual basis.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. The dispensary team told us the clinical pharmacist supported the team and used their experience to share

learning. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. The dispensary had documents which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures cover all aspects of work undertaken in the dispensary. The SOPs that we saw would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.

- 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. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with an updated poster in a corridor 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 (May 2015) to ensure the equipment was safe to use and clinical equipment was checked (January 2016) to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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

Are services safe?

enough staff were on duty. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements. The practice pharmacist undertook medication reviews for asthma, COPD (chronic obstructive pulmonary disease) and diabetes which increased GP appointments. We saw the practice had continued to review patients who do not attend booked appointments. This represented on average 75 missed appointments per month and adversely affected the availability of appointments. The practice informed us they had recruited a temporary nurse practitioner who was joining the practice the week after our inspection in May 2016. A nurse practitioner is a registered nurse with advanced training in diagnosing and treating illness and can prescribe medicines.

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.
- 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.
- The practice recognised the needs of patients in rural communities. The practice told us how they always ensured patients with minor injuries were offered treatment because of the difficulties in getting into the main towns to A&E or minor injuries units. The practice treated patients with minor injuries from 8.30am through to closing at 6.30pm.

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 98% of the total number of points available, this was similar when compared with the CCG average (97%) and the national average (95%) and 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators showed the practice had achieved 90% of targets which was similar when compared to the CCG average (92%) and the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were similar when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).

There was evidence of quality improvement including a comprehensive programme of clinical audits. These included audits for prescribing, minor operations, cancer referrals and unplanned admissions.

- There had been 10 clinical audits undertaken in the last two years, eight 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.
- We saw a recently completed two cycle audit on prescribing anticoagulants (anticoagulants are medicines that help prevent blood clots. They are prescribed to patients at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks).
- Findings were used to launch an anticoagulant clinic for the 173 patients who had been prescribed an oral anticoagulant in the previous three months. This clinic monitored patients' blood to determine the correct dose of anti-coagulant medicine. This provided better improved access, standardised delivery in monitoring dosage. It also meant there was a 'one-stop-visit' providing testing obtaining results and adjustments in dose.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, 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.

Are services effective?

(for example, treatment is effective)

- 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 intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, 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, smoking and alcohol were signposted to the relevant service.
- Information from Public Health England showed 100% 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's uptake for the cervical screening programme was 91%, which was higher when compared to the CCG average (83%) and the national average (82%). There was a policy to offer reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- 58% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar when compared to the CCG average (59%) and national average (58%).
- 78% 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 (77%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged from 96% to 98% (CCG averages ranged from 94% to 96%) and five year olds from 90% to 97% (CCG averages 93% to 96%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains 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.
- At the December 2014 inspection, the inspection team received comments from patients relating to concerns over maintenance of privacy at the reception. We saw the layout of the reception area and the administration office immediately behind the reception made the maintenance of confidentiality difficult. In addition, the inspection team spent time in the waiting area in Norden House Surgery and could overhear conversations between staff and patients that were taking place in the administration office.
- Following the inspection we asked the provider to send a report of the changes they would make to address these concerns. Work commenced in April 2015 to construct a screened wall between receptionists answering calls on the phone and those manning the desk so that phone conversations were not overheard by those sitting in the waiting area. During the April 2016 inspection, no comments from patients (verbal or written) highlighted concerns about privacy and whilst sat in the waiting area in Norden House Surgery we could not hear any conversations or discussions.
- A clear and visible notice to patients indicated that should a patient wish to discuss a sensitive matter with a receptionist, a private room will be provided for that conversation to take place.

All of the 13 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). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs. Satisfaction scores for consultations with members of the nursing team were higher than local and national averages. For example:

- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 79% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They told us different treatment options were discussed in detail, 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 care available to them.

Results from the national GP patient survey aligned with these views. For example:

- 92% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 99% of patients said the nurse gave them enough time (CCG average 93%, national average 92%).

Patient feedback verbally received and from comment cards was also positive and aligned with these views.

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages with an exception for results relating to the nursing team, these were significantly higher than the local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 88%, national average 86%).
- 84% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 99% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 89%, national average 90%).
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

There was a translation services available for patients who did not have English as a first language. Staff told us there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service.

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.

The practice's computer system alerted GPs if a patient was also a carer. In April 2016, the practice patient population list was 9,447. The practice had identified 222 patients, who were also a carer; this amounted to 2.3% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered pre-bookable early morning appointments on Tuesday, Wednesday and Thursday mornings starting at 7am. Originally implemented for working patients who could not attend during normal opening hours but there was no restrictions on who could book these appointments.
- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Daily bookable telephone consultations were available between 3.30pm and 4pm to provide telephone advice for patients contacting the surgery.
- The clinical pharmacist had completed diploma courses to enable them to support patients with Asthma, COPD (lung disease) and hypertension (high blood pressure).
- Winslow Health Centre was fully accessible for people with disabilities and mobility difficulties. The layout of Norden House Surgery resulted in limited disabled facilities; however, we saw patients who had difficulty managing stairs were able to see their usual or preferred GP in one of the three ground floor consulting rooms. We saw that the waiting areas used for the ground floor consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had a portable hearing loop to help those with hearing difficulties.
- Although there were eight GPs, each GP maintained their own personal list to promote continuity of care and

to establish strong relationships with individuals and their families. However, any patient could request to see the doctor of the opposite sex for a particular issue or a sensitive health concern.

- The nurses were trained in anticoagulant management and held clinics to monitor patients' blood to determine the correct dose of anti-coagulant medicine. This provided better improved access, standardised delivery in monitoring dosage, 'one-stop-visit' testing obtaining results and adjustments in dose, with the opportunity to discuss results during the same visit.
- The practice used equipment to examine skin problems and send images to hospital dermatology consultants. This helped to reduce the requirement for patients to travel to hospital, and expedite access to treatment should this be indicated.

Access to the service

The practice has core opening hours between 8.30am and 6.30pm Monday to Friday with appointments available from 9am to 5.50pm daily. Extended opening hours were held on three mornings each week when pre-booked appointments were available from 7am. The dispensary has core opening hours between 9am and 6pm every weekday.

In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for patients that needed them.

During the December 2014 inspection, patients were not wholly satisfied with the appointments system. The practice was not clear in their strategy for the number of appointments they intended to offer to their patients. Data reviewed showed a significant difference between the number of appointments planned and the number of consultations completed. This suggested that insufficient appointments were offered to meet patient demand.

Following two reviews of the appointment system in April 2015 and September 2015, an attempt to increase capacity and manage the appointments more appropriately commenced in March 2016. Early information indicates significant improvement, for example:

- Week commencing 13 April 2015, there were 841 patient appointments. For the equivalent week this year, week

Are services responsive to people's needs?

(for example, to feedback?)

commencing 11 April 2016, there were 883 patient appointments. This was a 5% increase in appointments as a result of the review and changes to the appointment system.

- In addition, all patients were now able to speak to a GP on the day that they contact the practice and no patients are asked to call back.

Results for the national GP patient survey were collated between January 2015 and March 2015 and again between July 2015 and September 2015, prior to the changes in the appointment system. The results showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages with the exception of making an appointment.

- 71% of patients were satisfied with the practice's opening hours (CCG average 70%, national 75%).
- 62% of patients usually got to see or speak to their preferred GP (CCG average 57%, national average 59%).
- 61% of patients described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 69% of patients said they could get through easily to the practice by phone (CCG average 75%, national average 73%).

The practice had recently added four new telephone lines with a view to improving telephone access. The practice manager told us initial patient feedback was positive about the changes and patients told us on the day of the inspection that they were able to get appointments when they needed them. One patient we spoke with commented the speed and ease of getting an appointment at the practice, they added it was now excellent and met all her family's needs.

The care home which access GP services from the practice, told us the practice was highly responsive to patient's needs.

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. The complaints procedure was displayed in the waiting areas and detailed in the patient leaflet. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had received 23 complaints in the last 12 months, we looked at a random sample of four complaints and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to as a result to improve the quality of care. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

The practice manager had reviewed and responded to most feedback on NHS Choices, sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in December 2014 we observed that some governance arrangements were not consistently monitored in a way to keep patients safe. For example, inconsistent safeguarding training, a member of staff occasionally administered flu immunisations without authorisation from a qualified prescriber, inconsistent quality control of the general cleanliness of the practice. The practice had not responded to the views of both patients and staff in regard to the availability of appointments and concerns over confidentiality.

Vision and strategy

The practice had a clear vision to deliver personalised high quality care and promote good outcomes for patients. There was a core principle of learning for all staff embedded into the culture of the practice. All staff we spoke with placed patient care at the heart of our discussions.

- The leadership team considered and strategically planned how it could improve. For example, an over 75's project was being led by the practice. The project included enhancing care planning for patients aged over 75 and improve liaison between organisations that delivered care to this group of patients in the North locality of Aylesbury Vale. Data showed this to be of particular importance to the practice because they had the largest number of patients over 75 in the locality.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. These plans reflected the village of Winslow was rapidly expanding with new housing developments and a train link to London. The practice had considered these factors and how they would affect the practice, the patients and community.
- The partners were aware of the increasing expectations of GP practices and had commenced discussions regarding an alliance with other practices in the local area.

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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice management team regularly attended meetings with other local practices to discuss work collaboratively on key issues.

Leadership and culture

On the day of inspection the management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they had reflected and learnt from the previous inspection. They also 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.

Systems were in place to ensure that when things went wrong with care and treatment. The practice gave affected patients reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open 'no blame' culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP partners and practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had an active patient involvement group (PIG) which had been working with the practice for over five years. The group met four times a year and reviewed the complaints and concerns received by the practice at every meeting. One member of the group we spoke with told us that the group were involved in patient surveys and they regularly fed back comments from fellow patients which they had received. The group had been active in lobbying for more space from which the practice could deliver services and had been influential in obtaining the nurse treatment rooms used in the Winslow Health Centre. The members also told us they were supportive of the practice efforts to seek to move to new larger premises. The work of the group was detailed and promoted on the practice website.
- We found the practice to be involved with a group known as 'Friends of Norden House Surgery'. A community group of patients who held regular fundraising events with a view of purchasing equipment for the practice. We saw evidence of purchased pieces of equipment. For example, a recent purchase of cameras to support the practice's photo dermatology service.
- The practice monitored monthly feedback from the NHS Family and Friends Test. The most recent returns indicated that 98% of patients who responded would be 'extremely likely' or 'likely' to recommend the surgery to others.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. 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, for example:

- One of the GP Partners, who was the designated GP for the care home which accesses GP services from the practice. They had developed an IT link with the computer system at the home. This provided immediate access to care records, helped with the construction of health care plans, and created continuity in care. The GP had also set up procedures and protocols for the home to contact GPs in and out of hours.
- In January 2016, the practice commenced the management of North Bucks over 75's team. This was a collaborative project with seven local practices with Norden House Surgery leading the project. The aim of the project was to transform care of the elderly in the locality and includes supporting those aged over 75 to live independently in their own homes, reduce unplanned admissions and decrease the feelings of isolation. The practice presented a case study which highlighted the success of the project and early intervention service.
- In March 2015 the practice was issued with a Care Quality Commission report following the December 2014 inspection which highlighted two regulatory breaches relating to the management of medicines and assessing and monitoring the quality of service provided. We received an action plan from the practice which outlined the corrective action they would take. We found all the actions had been completed at the inspection on the 27 April 2016. The practice had paid full heed to the report compiled by the commission, where action was required. For example implementing effective and appropriate arrangements for the safe administration of medicines.