

Sovereign Medical Centre

Quality Report

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Date of inspection visit: 15 December 2015
Date of publication: 18/02/2016

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 Sovereign Medical Centre on 15 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There were appropriate systems in place to reduce risks to patient safety, for example, infection control procedures and the management of medication.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were extremely positive about the care they received at the practice. They commented that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Services were planned and delivered to take into account the needs of different patient groups.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there were some areas where the provider should make improvement:

- Develop a system to ensure all staff receive regular appraisals of their skills, abilities and development requirements.
- Demonstrate that they have obtained satisfactory information about the employment history of staff.
- Ensure that fire drills are performed routinely.
- Review and assess the systems in place to ensure that emergency medicines are always available and ready to use.

Summary of findings

- Ensure that information is available to patients and is up to date, particularly with regard to the process for raising a complaint.
- Perform regular audits to evaluate and improve the quality of services provided.

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 were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. Staff were aware of the procedures for reporting significant events and safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with medication and infection control. We found that the recruitment processes needed improvement as evidence that conduct in previous employment had been verified for new staff was not available, for example through the receipt of references. The practice were able to demonstrate that they were checking emergency fire equipment and alarms but they had not conducted a recent fire drill.

Emergency drugs and equipment we checked were suitable for use however we found some recommended items missing, for example GTN spray which is used for treating patients with angina and chest pains. This item had been used the week before our inspection and the practice was awaiting new stock as they did not have a spare supply. The practice had a defibrillator and emergency oxygen available.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. The practice provided a number of services designed to promote patients' health and wellbeing. Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005). Due to staffing pressures the practice had experienced in the 18 months prior to our inspection staff had not received recent appraisals of their skills and development requirements. However, staff informed us that they were well supported and received regular training as well as opportunities to develop their careers. Staff told us the practice manager and GPs were accessible and that they were able to communicate with them regularly.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for all aspects of care. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment. Feedback from patients about their care and treatment was consistently and strongly positive. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieve this. We observed a strong patient-centred culture with evidence that the practice staff had worked to ensure patient care was not compromised during a period of extreme disruption in the practices' own staffing levels whilst simultaneously encountering increased demand for the service. We saw evidence that patients were treated as individuals and that care was tailored to their needs, including those with complex medical needs.

The practice worked in collaboration with a local care support agency to provide coffee mornings and support for carers once a month in the practice building. In addition they held weekly coffee mornings for elderly patients, during which patients could not only socialise with others but also receive any required care or treatment from the surgery. This was particularly beneficial for patients who were isolated or housebound. Staff informed us that the practice attempted to offer a personal service to all patients including those requiring end of life care.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. There were services targeted at those most at risk such as older people and those with long term conditions. Access to the service was monitored to ensure it met the needs of patients. The practice made efforts to reach out to individual communities within their locality where they had identified potential risks. For example, the practice had facilitated a health promotion event, in collaboration with other local services, to engage patients from a south Asian background and inform them of services available to them. They had ensured that women were also included in these events by placing a requirement for husbands to bring their spouses. This enabled them to educate these patients on the availability of antenatal care.

The practice used a number of methods to ensure patients could leave feedback on the service they received. There was a complaints policy however, information on how to complain was not clearly displayed in the practice. There was information on the practice website about the services available to patients; however there were areas of the website that were outdated, for example the staff list.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision to provide excellent care to its community. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice had not carried out recent appraisals for staff but had offered continuous support and access to training as needed. We saw that staff who were underperforming were monitored and reviewed and that staff who wished to develop additional skills were supported.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. Although the practice had not performed any recent formal audits we saw evidence that they regularly reviewed their processes and procedures and made improvements as necessary with 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. 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. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice worked with staff at two local residential and nursing care homes where they had registered patients to ensure staff managed the ongoing care needs of these patients. In addition the practice recognised that some older people were at risk of isolation and facilitated weekly coffee mornings for their elderly patients. During these coffee mornings patients had access to any care or treatment they required from the practice which was beneficial for those who needed to arrange transport to attend the surgery, including those patients who were predominantly housebound.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. There was a programme of cervical screening for women over the age of 25. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

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 offered online services such as appointment booking and repeat prescriptions, although some of the information available online needed updating such as the staff list. There were extended opening hours till 8pm two days each week and the practice was open on Saturday mornings till 11.45am for pre-bookable appointments.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice had a register of patients with learning disabilities, including those in a local residential home and staff were aware of these patients. There were 60 patients on the register and 50 had received an annual review in the 12 months prior to our inspection. These patients were also offered longer appointments if needed. The practice had information on various support agencies available to vulnerable patients. Carers were supported particularly well by the practice. A monthly coffee morning was facilitated by the practice in collaboration with a local carers support agency to provide information and support to carers. There was evidence to demonstrate that staff had received training on safeguarding adults and children and understood their responsibilities.

Good



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). There were 102 patients on the dementia care register and in the twelve months preceding our inspection 54 patients had had their care reviewed in a face to face meeting. The practice had recognised this as low representation and had initiated a targeted programme of telephoning these patients to book review appointments for them rather than sending them letters. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. We saw evidence that staff had received training in dementia awareness.

Good



Summary of findings

What people who use the service say

Results from the national GP patient survey results published July 2015 the practice was performing above local and national averages. There were 101 responses received from 266 survey forms distributed and data received showed:

- 81.5% found it easy to get through to this surgery by phone compared to a CCG average of 58% and a national average of 73.3%.
- 98.1% found the receptionists at this surgery helpful (CCG average 84.6%, national average 86.8%).
- 90.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80.7%, national average 85.2%).
- 92.6% said the last appointment they got was convenient (CCG average 87.5%, national average 91.8%).
- 87.2% described their experience of making an appointment as good (CCG average 60.5%, national average 73.3%).
- 74.7% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. We spoke with five patients and a representative of the patient participation group (PPG) who were equally as positive in their description of the service they received. (The PPG is a group of patients who work with the practice to discuss and develop the services provided). A number of comments made showed that patients felt they received a high level of service and care from clinical staff. Patients told us that the clinical and support staff were dedicated, professional and listened to their concerns. Patients considered their privacy and dignity to be respected and felt they were treated with compassion. Patients said they recognised the practice had experienced a difficult period due to staff shortages and an influx of new patients but they felt their care was never compromised and it was always easy to get an appointment. They recognised that the staff at the practice had worked hard to ensure the service provided to patients was not affected at any time. This was supported by some patients who said they were unaware that the practice had experienced any difficulties despite attending regularly for appointments.

Sovereign 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 and a second CQC inspector.

Background to Sovereign Medical Centre

Sovereign Medical centre provides a range of primary medical services from a purpose built premises at Pennyland in the city of Milton Keynes. The practice has just over 11000 patients from a diverse socio-economic and racial background, although the practice population is predominantly white British. There are larger than average populations of patients aged 30 to 39 years and lower than average populations aged from 20 to 24 years and from 70 to 84 years. National data indicates the area served is less deprived in comparison to England as a whole.

The practice has recently experienced some difficulties, in particular related to staffing and demand. Following the closure of another local GP practice, Sovereign Medical Centre registered an additional 2000 patients over a two week period in 2013. Following a 12 month period of consolidation, three of the five previous GP partners left between June and September 2014. The remaining two partners continued providing services, with the support of locums, whilst they recruited more GP partners. The clinical staff team now consists of two male and two female GP partners, six nurses, two health care assistants and a phlebotomist. The team is supported by a practice manager and a team of administrative support staff. The practice holds a GMS contract for providing services.

The practice is open from 8am to 6.30pm Monday to Friday. In addition to these times, the practice operates extended hours on Tuesdays and Thursdays from 6.30pm to 8pm and from 9am to 11.45am on Saturdays. Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service.

Why we carried out this inspection

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

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

How we carried out this inspection

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 15 December 2015. During our inspection we spoke with a range of staff including two GP partners, a nurse, the practice manager and members of the administrative support team. We spoke with five patients and a representative of the patient participation group

Detailed findings

(PPG). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 31 comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to reporting, recording and monitoring significant events. Significant event forms were available in the practice and we saw records were completed and action taken as a result. The practice carried out an analysis of significant events which was discussed at significant event meetings held quarterly. In the interim, the practice discussed incidents at monthly partners meetings and relevant significant events were also raised at multi – disciplinary team, staff and nurse meetings.

We saw that when learning had occurred it was shared and cascaded. For example, an incident had occurred involving a patient who had experienced a psychotic episode. We saw evidence that this had been discussed at a significant event meeting as the staff member involved was new to the practice and did not feel they knew who to contact to help calm the patient. We saw that there were actions and learning points identified and this was shared within the practice team either face to face or using a memo system. Staff told us they would inform the practice manager of any incidents and felt confident to do so. Where patients had been affected by something that had gone wrong they were given an apology and informed of actions taken to prevent reoccurrence.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of the safety. Safety alerts were received by the practice and distributed appropriately.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were

trained to Safeguarding level 3. The practice had systems in place to monitor and respond to requests for attendance or reports at safeguarding meetings. The practice discussed concerns regarding the welfare of young children with the health visitors in the area. We saw evidence that children with high levels of attendance at the practice or at accident and emergency departments were monitored. There was an alert system used on patients' notes to inform staff of concerns. We reviewed records of safeguarding concerns and saw how these were discussed in meetings.

- There was a chaperone policy and staff understood their responsibilities when acting as chaperones, although staff acting as chaperones had not received formal training. We saw that the practice had invested in training and it was scheduled. There were no posters displayed informing patients they could request a chaperone if required. We were told that clinical staff acted as chaperones where possible but on occasion non clinical staff would perform chaperone duties. Staff acting as chaperones had received a disclosure and barring check (DBS). (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control policy and procedure in place and most staff had received appropriate training. Those who had not received recent training were scheduled to complete it. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, a previous audit had recognised the need to change the cleaning company contracted and we saw that this had been actioned.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and in date. There was a cold chain policy for ensuring medicines were stored at the correct temperature. Records showed fridge temperature checks were carried out ensuring medicines were stored at the correct temperature. Staff informed us of actions they would take if the temperature readings were too

Are services safe?

high or too low with regard to ensuring medicines were safe for use. The nurses used patient Group Directions (PGDs) to administer vaccines and prescribe medicines that had been produced in line with legal requirements and national guidance. Prescription pads were securely stored and there were systems in place to monitor their use. Repeat prescriptions that needed to be authorized by a GP, for example high risk medications, were highlighted on the practice computer system and there was a reliable process for managing these. One of the GPs kept controlled drugs in their doctors' bag and we found procedures were being followed to ensure they were securely kept, logged and disposed of appropriately.

- We reviewed three personnel files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, there was no evidence that the practice had obtained references for all staff employed. We were informed that some staff had commenced employment as temporary employees and that for others references had been obtained and then destroyed.

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 a poster in the reception office. The practice had up to date fire risk assessments and we saw evidence that identified concerns were actioned or had planned resolutions. The practice could not demonstrate it had carried out recent fire drills, although there was evidence to show weekly checks of fire safety equipment did occur. 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 also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had experienced substantial staff shortages in the 18 months preceding

our inspection. Having had a team of five established GP partners, due to relocation of staff, they had been reduced to two GP partners. This shortfall in staffing had coincided with an influx of patients due to the closure of another local practice. Staff we spoke with were forthcoming in highlighting the pressures they had experienced during this time and the difficulties they had faced in ensuring they were able to continue providing the high level of patient care they committed to in their practice statement of values. The practice staff informed us that whilst they were still trying to recruit another GP partner, they felt that their staffing levels for nursing and administrative support staff were adequate. There was a rota system in place to ensure enough staff were on duty and we were told that administrative staff were multi skilled to enable them to cover additional roles if needed. The staff members we spoke with told us they worked well as a team and felt competent to fulfil their responsibilities.

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 those we spoke with said they felt confident in their knowledge of what to do in an emergency situation. The practice had a defibrillator available on the premises with adult pads available and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However, there were two recommended emergency medicines missing. The practice had used its supply of GTN spray a few days before our inspection and did not have a spare whilst they awaited delivery of a replacement. GTN Spray is used to relieve angina (chest pain). There was also no diazepam available, which is used to treat patients experiencing an epileptic fit. The practice informed us they had ordered this medicine but due to a manufacturing problem there was an ongoing delay in receiving it.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

or building damage. The practice had identified and rated risks in order of likelihood of occurrence and this was recorded within the plan, a copy of which was kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and were in line with these national and local guidelines. They were able to explain how care was planned and how patients identified as having enhanced needs, such as those with asthma and diabetes were reviewed at regularly required intervals and were being referred to other services when required.

Management, monitoring and improving outcomes for people

The practice participated in the Quality Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results (at the time of inspection) were 87.8% of the total number of points available, with 3.7% exception reporting. (Exception reporting is the removal of patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014-2015 showed the practice's performance to be largely in line with national averages. For example the percentage of patients on the diabetes register who had received the influenza immunisation was 91.23% where the national average was 94.45%. However, the practice was an outlier for four areas of QOF clinical targets, two of which were related to blood pressure readings for patients with either diabetes or hypertension. For example, the percentage of patients with hypertension having regular blood pressure tests was worse than the national average at 67.23% where the national average was 83.65%. The practice had recognised these low performance figures and

had taken steps to improve outcomes for these patients by ensuring that adequate measures were adopted to improve their blood pressure. For example, by changing medications where appropriate.

The practice also performed below national averages for ensuring patients with diagnosed psychoses or dementia had their care plans reviewed in the preceding 12 months. (Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions). For example, the percentage of patients with dementia whose care had been reviewed was 60.2% compared to a national average of 84%. The practice had identified that for some of these patients they were carrying out the reviews but were inputting the data incorrectly on their computer software. The practice had recently installed new software and had experienced some technical problems as a result. With regard to the remaining patients still outstanding their reviews, the practice had identified that these patients were not responding to letters inviting them for review and had initiated a targeted programme of phoning these patients and arranging review appointments for them.

The practice had a system in place for completing clinical audit, however there were no audits that had been completed in the 17 months prior to our inspection. We saw audits related to diabetic reviews, protocols for delayed antibiotic prescribing and note taking for patients who received home visits. We found the data collected from these three audits had been analysed and clinically discussed and the practice approach was reviewed and modified as a result.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff interviewed spoke highly of the GP partners and practice manager, giving credit to the pleasant working environment and the support they received. Staff repeatedly referred to the practice team as the 'Sovereign family' and told us this ideology was embedded in their work ethic and the way they treated patients (as they would treat members of their own families).

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. Staff

Are services effective?

(for example, treatment is effective)

received training that included safeguarding, basic life support and dementia awareness training. Protected learning sessions were held once a month providing staff with access to in-house and external training.

- The practice could not demonstrate a regular system of appraisal. We saw evidence that appraisals had been done in the past, but due to the staffing shortages the practice had experienced over the preceding 18 months, appraisals had not taken place. The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff we spoke with informed us that the practice manager operated an open door policy and they were well supported. They stated they were able to discuss learning needs and training opportunities regularly. We saw evidence that where learning needs were identified action was taken, for example a member of staff who was underperforming had been offered additional training. We also saw evidence that career development was encouraged and supported with staff partaking in additional training to progress their skills.
- The practice had successfully recruited two GP partners and were in the process of recruiting another. They had made efforts to employ three long term locums, one of whom was working at the practice on the day of our inspection and had been doing so for eight months. Locums received an induction to the practice and a buddy system was in operation between the locums and GP partners. Locums spent time with a GP partner, practice nurse, practice manager and secretaries before seeing patients, to familiarise them with the practice protocols. In addition there was a locum pack that was used to ensure locums were following practice procedures, for example, in relation to referrals.

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 test results.

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, such as referral to or discharge from hospital. Unplanned hospital admissions were reviewed by a GP and we saw patients were reviewed and discussed at multi-disciplinary or clinical meetings as necessary. The practice held a register of patients at risk of unplanned hospital admission or readmission which was discussed at monthly clinical meetings. We saw evidence that care plans were routinely reviewed and updated.

The locality district nursing team were based in the Sovereign Medical Centre and the practice staff engaged with them regularly to discuss patient care. We saw that the practice participated in regular palliative care meetings with the district nurses to discuss the patients on its register. Additional meetings were held quarterly with the nurses from Willen Hospice. The GPs told us they were committed to ensuring patients wishes were fulfilled in planning for their deaths. For example, through advanced planning for patients preferred place of death, by ensuring appropriate care structures and medicines were available. GPs told us they were reviewing their patients' end of life care to ascertain whether any additional support was needed for patients and their families.

Staff we spoke with were able to demonstrate a clear understanding of their responsibilities to protect patient confidentiality and ensure that records were stored securely. For example, by ensuring they removed their smart cards from computers and locking computers when leaving workstations.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We found that staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and their duties in fulfilling them. The clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

Clinical staff we interviewed were aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice, including those in the last 12 months of their lives, those with long term conditions (or at risk of developing long term conditions) and carers. Smoking cessation advice was available and patients requiring support for drug and alcohol dependency could be referred to appropriate services.

The practice had recognised that some patients suffering from conditions relating to weight management required additional psychological support. They had developed a programme which identified patients who had underlying psychological causes for their eating habits and enabled them to have access to a counsellor, in addition to professional dietary advice. They had found the first cycle of this programme to be both effective and well received by patients. At the time of our inspection the practice was planning a long term provision of this service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.4% to 89.6% and five year olds from 99.3% to 89.8%. Flu vaccination rates for the over 65s were 74.1%, and at risk groups 52%. These were also comparable to CCG and national averages.

The practice offered its patients appropriate health assessments and checks. All new patients were offered a health check which included a review of patients' weight, blood pressure and smoking and alcohol consumption. NHS health checks were also available for patients aged 40–74. At the time of our inspection, for the period January 2013 to December 2015 the practice had completed 1940 of 3447 eligible health checks (56.3%) for the 40-74 year olds. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues they could take them to a separate room known as the common room to discuss their needs. The practice also had a room they referred to as the 'quiet room'. This was a room situated at the back of the practice with sofas rather than chairs and was available for patients who were distressed. Patients using this room were also able to exit from the back of the practice if they wished to do so rather than pass the busy waiting room.

All of the 31 patient CQC 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 also spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93.6% said the GP was good at listening to them compared to the CCG average of 89.5% and national average of 91%.
- 94.7% said the GP gave them enough time (CCG average 81.3%, national average 86.6%).
- 99.4% said they had confidence and trust in the last GP they saw (CCG average 93.1%, national average 95.2%)

- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85.1%).
- 93.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.1%, national average 90.4%).
- 98.1% said they found the receptionists at the practice helpful (CCG average 84.6%, national average 86.8%)

The practice were able to offer numerous examples of how they supported patients in their community with respect, dignity, compassion and empathy. The practice was committed to maintaining individual patient lists for the GPs where possible to ensure continuity of care for the benefit of their patients.

Care planning and involvement in decisions about care and treatment

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

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

- 95.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.8% and national average of 89.6%.
- 89.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. The clinical staff within the practice were also able to speak various languages including Tamil and German. The practice also had access to British sign language services if needed.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were supported, for example by offering health checks and by offering appropriate referrals where needed. In addition, the practice worked with a local organisation for carers, MK Carers, and ran a coffee morning on the first Friday of every month. This was an opportunity for carers to meet others and receive both professional and peer support. Written information was available to direct carers to the various avenues of support available to them.

The practice also facilitated a coffee morning every Monday for elderly patients and those that had been identified by the GPs as being lonely and potentially isolated. The practice had historically organised Christmas parties and other events for this group but due to the success of the initiative the group had become self-funded and continued

to use the common room in the practice at no cost. The practice would also ensure that patients from this group requiring appointments were always seen at the same time to reduce the need for them to organise multiple transport arrangements, which they felt was particularly important for patients who were largely housebound.

Staff told us that if families had suffered bereavement, their usual GP contacted them and a sympathy card was sent. 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. There was a noticeboard in the reception office to alert staff if a patient had died to help ensure the family were supported and if the deceased had been a long standing patient at the practice, a member of staff from the practice would attend the funeral.

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. For example, one of the GPs at the practice was a CCG lead for quality and performance and attended regular meetings with the CCG and other leads within the locality to help drive improvements within the area. The practice offered a range of enhanced services such as dementia assessments and avoiding unplanned admissions to hospitals. Staff told us the practice computer system alerted them of patients at risk of unplanned hospital admission. If these patients were admitted to hospital they would be contacted by their named GP and their care plan would be amended accordingly. At the time of our inspection 224 patients were receiving such care. The practice held multi-disciplinary meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admissions.

We saw that patients with diabetes received an annual health review at the practice with an interim basic check at six months. A specialist nurse provided these reviews and was able to refer patients on to other services if needed.

There were registers for patients with dementia and those with a learning disability. These patients were invited for an annual review. We saw the practice had developed its own tailored review forms for these patients. The practice had completed 83% of the annual reviews for patients on the learning disability register. At the time of our inspection there were 102 patients on the dementia register and of those eligible 54 had received a review in the last year. The practice provided care for residents in a local learning disability facility. Many of these patients had multiple and complex conditions and were offered extended appointments. GPs visited any of these patients who were not able to attend the practice themselves. 100% of the patients in this local facility had received an annual review.

The practice made efforts to respond to the needs of its minority populations and had run various initiatives to encompass them in the services it provided. For example, the practice had an increase in patients from a south Asian origin and the practice recognised that they were not utilising health services appropriately. The practice

organised a health promotion event at a local church hall and invited people of south Asian origin to attend, however they placed a condition that married men were to come with their spouses. This enabled them to provide the women with information on antenatal services. The practice engaged with other local services such as the police and public health departments to enable them to also reach out to these populations. Prior to this the practice had organised similar events for patients of Japanese and Nigerian origin.

The practice provided services to vulnerable patients such as those who were homeless and patients suffering from drug and alcohol dependency. Staff we spoke with told us the practice had an all-encompassing nature and they would treat all patients equally. The practice was single storey with disabled facilities, a hearing loop and adequate provision for young children and babies.

The practice had a patient participation group (PPG) who met with the practice staff, carried out surveys and made suggestions for improvements. We met with a representative from the PPG, who told us improvements had been made as a result of their involvement, for example, the practice had previously used a premium rate telephone number and following consultation with the PPG this was changed to a standard local number. They told us that they felt listened to and that the practice was open and honest in communicating with them.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. In addition to these times, the practice operated extended hours on Tuesdays and Thursdays from 6.30pm to 8pm and from 9am to 11.45am on Saturdays. A duty doctor was available for same day urgent appointments from 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. On the day of our inspection we found that there were urgent appointments still available for that day. The next routine pre-bookable appointment was available the following afternoon. Clinics were also run daily by the practice nurses. We found the appointment system was structured to allow GPs time to make home visits when needed and ensure that all urgent cases were seen on the same day.

Are services responsive to people's needs?

(for example, to feedback?)

Information was available to patients about appointments on the practice website, although the list of staff on the website was out of date and inaccurate. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was available on the practice answerphone and website and was provided by Milton Keynes Urgent Care and could be accessed via the NHS 111 service.

GPs from the practice carried out ward rounds at two local care homes for elderly patients who were unable to attend the practice themselves.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.4% and national average of 74.9%.
- 81.5% patients said they could get through easily to the surgery by phone (CCG average 58%, national average 73.3%).
- 87.2% patients described their experience of making an appointment as good (CCG average 60.5%, national average 73.3%).
- 74.7% patients said they usually waited 15 minutes or less after their appointment time (CCG average 68.1%, national average 64.8%).

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.

Information about how to complain was available in the practice leaflet but was not clearly displayed in the reception area or on the practice website. The practice had a complaints policy but it did not clearly outline a time framework of when the complaint would be acknowledged and responded to. The practice was able to demonstrate that complaints were managed within the NHS England recommended timeframes. There was a complaints form available for patients and staff we spoke with informed us that complaints would be acknowledged within 48 hours and responded to within ten days.

The practice kept a complaints log for written complaints. We looked at 11 complaints received in the 12 months prior to our inspection and saw evidence of lessons learnt from concerns and complaints and action taken to improve the quality of care. For example, a complaint regarding a prescription resulted in a change to the way that prescription requests were logged on the computer system.

The practice also kept a log of compliments received, including those received via NHS England and their local MP from patients providing feedback on the care they had received. These compliments were also discussed at meetings and shared with staff to provide evidence of good practice.

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 provide excellent care to its community of patients. The practice had developed this vision in consultation with staff who shared a commitment to these values and beliefs in a pledge to improve the lives of their patients. This unified approach to the goals set out by the practice staff had led them to refer to themselves as the 'Sovereign family'. The practice logo provided a visual representation of these shared values and the staff we spoke with knew and understood the principles that underpinned it.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure and understood the GP partners were the overall decision makers supported by the practice manager. Clinical staff met to review complex patient needs, review significant events, discuss new protocols and keep up to date with best practice. The practice closed one afternoon per month which allowed time for learning events and practice meetings.

There was a leadership structure in place and clear lines of accountability. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities. The longer standing GP partners advised us that they had taken on extra responsibilities when three partners had left the practice and that they intended to redistribute some responsibilities to the two new partners once they were firmly established within the practice.

The practice had a number of policies and procedures in place to govern activity and these were available to staff in a folder kept in the reception office. We looked at a sample of policies and procedures and found them to be available and up to date.

The practice had a system in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their

performance. Staff told us the QOF data was regularly discussed and action plans were produced to maintain or improve outcomes for patients. For example, lower performance in annual reviews for mental health patients had been recognised by the practice and they had initiated a targeted programme of phoning patients to book reviews for them rather than solely inviting them by letter. The practice had seen a marked improvement in their performance within the short period of time they had been doing this.

The practice was able to demonstrate that it had carried out clinical audits to evaluate the operation of the service and the care and the treatment given. However, due to the pressures the practice had experienced with staffing there were no audits that had been completed in the 18 months prior to our inspection. Discussions with GPs showed they were regularly reviewing procedures and services and that they had plans to conduct audits over the forthcoming months. For example, an audit on the provision of end of life care to ascertain whether any improvements could be made to the service for patients and their families.

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. Staff told us there was an open and honest culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager or GP partners. Staff told us they felt the practice was well managed and that they felt respected, valued and supported. For example, staff who had experienced personal turmoil and difficulties in their home life received support and compassion from the GP partners and practice manager, including the provision of flexible working, reduced working hours and the option to take a sabbatical to enable them to continue with their positions 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)

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

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. It had gathered feedback from patients through the patient participation group (PPG), through surveys, compliments and complaints received. Patients could leave comments and suggestions about the service via the suggestions box in the waiting room. The practice also sought patient feedback by utilising the Friends and Family Test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from November 2015 showed that 98% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We were told that staff appraisals had not taken place for over 18 months due to staff shortages and the pressure the practice had been under, however we saw that appraisals were scheduled to take place shortly after our inspection. Staff told us they would not hesitate to give feedback and that they felt involved in improving how the practice operated.

Continuous improvement

The practice team was forward thinking and was involved in local incentives to improve outcomes for patients in the area. For example the practice had organised health promotion events for different ethnic groups in their community to raise awareness of the services available to them.

There was a strong focus on continuous learning and improvement at all levels within the practice. In particular, staff we spoke with demonstrated their commitment to patients' receiving high standards of end of life care, encompassing both spiritual beliefs and personal preference to enable patients to receive end of life care that aligned with their wishes. We saw that the practice worked with families to ensure care was available and appropriately received by patients nearing the end of their lives and that families received the support they required to cope with bereavement.

The practice was committed to treating its patients as individuals and we saw evidence of them identifying patients who required additional support. For example, they had recognised some patients suffering from poor weight management had psychological factors that affected their relationship with food. The practice had run a successful programme for these patients allowing them access to professional dietary advice and support from a counsellor. At the time of our inspection they were in the process of applying for funding to enable them to offer this service for more patients.