

Poplar Grove Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Poplar Grove Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Poplar Grove Practice on 12 January 2016. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Feedback from patients about their care was consistently and strongly positive. However, patients told us telephone access was not working well.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- It was evident the practice had gone through a period of transition including a merge of practices and implementation of a new management team. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. For example, the recently revised appointment system.

The area where the provider should make improvement is:

- Continue to improve the appointment system to ensure patients are able to contact the practice to make appointments without difficulty.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were slightly lower when compared to the local and national average. Areas of low performance had been reviewed and action plans implemented which demonstrated improved performance.
- 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 multidisciplinary teams 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



- Data from the National GP Patient Survey showed patients rated the practice similar to other practices for several aspects of care. However, this survey highlighted care and treatment

Summary of findings

from nurses was better than local and national averages. For example, 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture and staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders (two care homes and Out of Hours co-ordinator) were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, an agreement and patient process with the local Out of Hours service enabling timely care and treatment.
- Although improving, patients said they had historically found it difficult to contact the practice via telephone. The practice acted on suggestions for improvements and changed the way it delivered services in response to feedback from patients. For example, increasing the number of telephone lines and reception staff.
- Feedback from patients reported that access to a named GP and continuity of care was always available quickly, and urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and 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.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.
- In conjunction with two local practices, Poplar Grove Practice shared a designated over 75's team. This team consists of a district nurse, staff nurse, community psychiatric nurse, health care assistant and an administrator. This team is designed to help reduce avoidable unplanned admissions by improving services for vulnerable patients and those with complex physical or mental health needs, who are at high risk of hospital admission or re-admission.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, the percentage of people aged 65 or over who received a seasonal flu vaccination was 3% higher than the national average (73%).

People with long term conditions

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

Good



- The GPs and nurse team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Previous years quality data demonstrated monitoring of patients with long term conditions, for example, diabetes was lower when compared to the national average. Areas of low performance had been reviewed and action plans implemented which demonstrated improved performance. Real time performance data presented on the day of inspection indicated improved performance. For example:

- Real time QOF performance for diabetes related indicators was 92% comparable to the CCG average (92%) and higher than the national average (89%).

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. Immunisation rates were comparable to the CCG and national averages.
- 75% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. This was the same as the national average, also 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was slightly higher when compared to the CCG average (78%) whilst higher than the national average (74%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There was a range of appointments between 7.40am and 7.00pm Monday to Thursday and 7.40am and 5.50pm on Fridays. These early morning and early evening appointments were specifically for patients not able to attend outside normal working hours but there were no restrictions to other patients accessing 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

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

- There were policies and arrangements to allow people with no fixed address to register and be seen at the practice. The practice provided GP services to service users of a local homeless service.
- The practice offered longer appointments for patients with a learning disability.
- It had carried out annual health checks for people with a learning disability and there was evidence that these had been followed up.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



Summary of findings

- 90% of people experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was higher when compared to the national average (88%).
- The practice carried out advance care planning for patients with dementia. For example, 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher when compared to the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was working with a national dementia charity to become a dementia friendly practice which included a review of all signage and waiting areas within the practice.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing below local and national averages specifically around appointment access. On behalf of NHS England, Ipsos MORI distributed 288 survey forms and 126 forms were returned. This was a 44% response rate.

- 62% found it easy to get through to this surgery by phone (CCG average 75%, national average 73%).
- 64% described their experience of making an appointment as fairly good or very good (CCG average 74%, national average 73%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 74% said they would definitely or probably recommend their GP surgery 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 CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. Two of the comment cards described difficulties in telephoning the practice and episodes of long waits before their call had been answered.

We spoke with 15 patients during the inspection. All 15 patients said they were happy with the care they received and thought staff were approachable, committed and caring. They also commented on historic difficulties with telephone access to the practice but did mention telephone access had recently improved.

Poplar Grove Practice

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 second CQC inspector, a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Experts by Experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Poplar Grove Practice

Poplar Grove Practice is a modern purpose built practice located on the outskirts of Aylesbury town centre. In December 2014, a smaller practice in the locality (Broughton House) merged with Poplar Grove Practice. The practice is one of 19 practices within Aylesbury Vale Clinical Commissioning Group. Following the merge the practice provides general medical services to approximately 18,600 registered patients in Aylesbury, Buckinghamshire.

All services are provided from:

- Poplar Grove Practice, Meadow Way, Aylesbury, Buckinghamshire, HP20 1XB.

There are 15 GPs (4 male and 11 female) at the practice comprising of 13 partners and two GP Registrars (both male).

The practice is a training practice for GP Registrars and a teaching practice for medical students. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of a nurse manager, four practice nurses and three health care assistants with a mix of skills and experience.

A practice manager is supported by an IT manager, finance manager, reception manager, office manager, nurse manager and a team of 17 administrative staff undertake the day to day management and running of the practice.

Over the previous 18 months the practice has seen a significant amount of change, including the merge with Broughton House Surgery, GP partner changes and a brand new management team.

The practice population has a proportion of patients in two local care homes (approximately 90 registered patients).

The practice population includes patients from the boating and canal community based at the nearby marina. There is an arrangement that the practice provides GP services and access to GPs for homeless people who use the facilities at a local homeless action group/drop in centre. The practice's transient patient population are often outside of area for long periods. This has an impact on screening and recall programmes. According to national data there is minimal economic deprivation in Aylesbury.

The practice has core opening hours between 7.30am and 7.30pm every weekday with the exception of Fridays when the opening times are between 7.30am and 6.30pm. The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Aylesbury Vale Clinical Commissioning Group (CCG), Healthwatch Buckinghamshire, NHS England and Public Health England.

We carried out an announced visit on 12 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses and members of the administration and reception team. We spoke with the newly formed management team and 15 patients who used the service. We also spoke to two care homes which access GP services from the practice and the Out of Hours Co-ordinator whose service uses practice facilities.
- Observed how patients were being cared for and talked with carers and/or family members.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw an analysis of a significant event following the loss and likely theft of a series of prescriptions from the reception area which occurred in June 2015.

This event had been reviewed with a multi-disciplinary team and reported to the local police, the NHS Counter Fraud and Security Management Service Division, other local practices and pharmacies within the locality.

The practice reviewed all measures in place to secure prescription forms, including physical and procedural measures. Policies, procedures, systems and technology had been reviewed for any weaknesses or failures that have allowed this incident to occur.

Learning was shared at a practice and departmental meeting which was recorded. During the inspection we observed prescriptions were safely secured, reception was manned at all times and staff we spoke with demonstrated their understanding of the change in prescription protocol. Reception staff also told us they now record and escalate suspicious behaviour within the reception area.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw an example of one of the GPs sharing safeguarding case studies at a recent all practice meeting. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control 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. However, this document had several sections that was not specific to Poplar Grove Practice. Annual infection control audits were undertaken and we saw evidence and subsequent action taken to address any improvements identified as a result of an audit completed in August 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). During the inspection it was evident and several members of the nursing team acknowledged that part of the process the practice used to record refrigerator temperatures was not clear. Specifically the technology the practice was using to record these temperatures was not user friendly, providing unclear results and over complicating a simple task. This was brought to the attention of the management team and was immediately rectified on

Are services safe?

the day of inspection. Following the inspection the practice has sent assurance and examples of the practice manually recording daily refrigerator temperatures in a paper log book.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and two pharmacists employed by the practice. An example of a current medicine audit we saw was a review of prescribing levels and efficiency of a medicine used for the treatment of actinic keratosis (actinic keratosis are dry scaly patches of skin caused by damage from years of sun exposure).
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments last completed in September 2015, the four separate areas of the building all had fire wardens and the practice carried out regular fire drills, the last of which was in January 2016. All electrical equipment was checked (June 2015) to ensure the equipment was safe to use and clinical equipment was checked (June 2015) to ensure it was working properly. The practice had a

variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and 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 including a 'buddy arrangement' between GPs to ensure that enough staff were on duty and patients received timely care and treatment.

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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 peoples' 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 94.3% of the total number of points available, with 9.7% 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).

Although performance was lower when compared to the CCG average the practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was lower when compared to the CCG and similar to the national average. The practice achieved 88% of targets compared to a CCG average of 92% and national average of 89%. On the day of inspection the practice presented an action plan which detailed how they were addressing the lower than CCG average performance of the management of diabetes. Example of actions included targeted recall programmes to help monitor and manage diabetic patients' blood sugars, blood pressure and cholesterol. There had been recent (January 2016) training for nursing staff to complete diabetic foot check

training which will increase the number of staff trained to complete these checks. The most current QOF data (not yet published) indicated the practice was currently scoring 92% for the performance of diabetes related indicators. This was a 4% increase which is now comparable to the CCG average and slightly higher than the national average.

- Performance for hypertension related indicators was slightly higher when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).
- Performance for mental health related indicators was lower when compared to the CCG and national average. The practice achieved 81% of targets compared to a CCG average (97%) and national average (93%).
- During the inspection the inspection team discussed the lower than average performance of mental health related indicators. We saw detailed assurance that this level of performance was being addressed. Actions included specific mental health meetings, patient recalls and medication reviews. On further investigation, it appears there had been a coding problem since the merge of the two practices in December 2014. This coding problem resulted in indicators, outcomes and performance not being recorded correctly on the IT systems and was a high priority for the practice.

Clinical audits demonstrated quality improvement.

- A programme of clinical audits had been completed in the last two years; six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following a significant event an audit opportunity arose which resulted in a four cycle audit programme and action taken as a result. The significant event highlighted complications and side effects of the long term use of a medicine used to treat inflammatory skin disease). All patients who had this medication as a

Are services effective?

(for example, treatment is effective)

repeat prescription were contacted, had a review of their medication and condition and had their medication changed to a similar medication which is more suitable for longer term use.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccinations and completing diabetic foot checks had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- For example, information from Public Health England shows 99% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This is higher when compared to the CCG average (96%) and national average (94%).

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80%, which was slightly higher when compared to the CCG average (78%) and higher than the national average (74%). There was a policy to offer telephone 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; however data from Public Health England reflected partial success in patients attending screening programmes. For example:

- 55% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was slightly lower than the CCG average (59%) and the national average (58%).
- 75% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was slightly lower when compared to the CCG average (77%) and but higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to both CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 93% to 97%.

Flu vaccination rates for the over 65s were 76%, and at risk groups 54%. These were slightly higher when compared to the national averages, over 65s 73% and at risk groups 53%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. However several noted there had been previous problems with telephone access. Patients said they felt the practice offered a good service and staff were helpful, caring and listened to their concerns with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards and patient testimonials presented by the practice highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the CCG and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them (CCG average 90%, national average 89%).
- 89% said the GP gave them enough time (CCG average 88%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 86% 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 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 in line with local and national averages with the exception of questions about the nursing team which was higher when compared to the CCG and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments (CCG average 88%, national average 86%).
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 94% said the last nurse they saw was good at explaining tests and treatments (CCG average 89%, national average 90%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room 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 January 2016, the practice patient population list was 18,597. The practice had identified 298 patients, who were also a carer, this amounts to 1.6% 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. This call was followed by a patient consultation at a flexible time and location to meet the family's needs. We saw the practice had produced an information pack containing advice and information on how to find a support service following bereavement. This recently reviewed information pack also contained information on how to register a death and information on death certificates.

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 early evening clinics four times a week until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- "Fast Track" appointments are available each day for common ailments such as coughs, earache and sore throats.
- The practice had a lift and modern facilities throughout the different areas of the practice.
- There were disabled facilities, a hearing loop and translation services available. The practice was working with a dementia charity to become a dementia friendly practice with dementia friendly signage throughout the practice.

Access to the service

The practice was open between 7.30am and 7.30pm Monday to Thursday (appointments were from 7.40am to 7.00pm) and 7.30am to 6.30pm on Fridays (appointments were from 7.40am to 5.50pm).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours (CCG average 70%, national average 75%).
- 62% of patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

- 71% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).
- 61% of patients said they feel they don't normally have to wait too long to be seen (CCG average 55%, national average 58%).

We reviewed the most recent data available for the practice on patient satisfaction regarding access to appointments. This included information from the January 2016 GP national patient survey results (126 respondents), NHS Choices website (39 reviews), 10 CQC comment cards completed by patients and 15 patients we spoke with on the day of inspection.

The evidence from these sources showed patients were not entirely satisfied with how they access appointments, notably problems with telephone access. Patients on the day advised this area of concern had improved recently and acknowledged the new appointment system was working.

We saw the practice had formulated an action plan around feedback sought from all sources and implemented a new appointment system. We saw evidence of detailed discussions between the practice and the service which provided the telephony facilities.

We saw information about the revised appointment system was displayed within the practice and was available to patients in the via a new appointment leaflet and on the practice website. Information on the practice website also included how to arrange urgent appointments, home visits, routine appointments and how to cancel appointments.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. The practice showed openness and transparency in dealing with the complaints at the monthly practice meetings.

We also saw all feedback; both positive and negative left on NHS Choices website had been responded to by the practice manager.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented with the exception of the Infection Prevention Control policy. This was brought to the attention of the management team during the inspection and was immediately reviewed, amended and disseminated to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Areas of low performance had been reviewed and action plans implemented which demonstrated improved performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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.

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.
- There was a clear but relatively new management team in post who expressed a commitment to make improvements.
- Staff told us and we saw evidence of regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every six months, at a Summer BBQ away day and a Christmas away day.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the management team. They showed optimism for the future management style and leadership.
- 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, actions had been implemented to improve access to

Are services well-led?

Good 

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

appointments which regularly featured as an area for improvement. For example, by promoting the use of on-line access and review of the practice duty system to triage calls more efficiently.

- The practice had gathered feedback from staff through twice yearly staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was working with a dementia charity to create a dementia friendly practice. We also saw an agreement and patient pathway was in place with the local Out of Hours GP service, enabling patients to access timely care and treatment.