

Mill Stream Surgery

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	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Outstanding	☆
Are services caring?	Good	●
Are services responsive to people's needs?	Good	●
Are services well-led?	Outstanding	☆

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13

Detailed findings from this inspection

Our inspection team	14
Background to Mill Stream Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mill Stream Surgery on 10 October 2016. Overall the practice is rated as outstanding. Our key findings were as follows:

- The culture and leadership within the practice provided an open learning environment where all staff contributed to making ongoing improvements to patient care.
- The system in place for reporting and recording significant events enabled positive change and learning to be circulated to staff. Changes were implemented to improve safety and quality. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were assessed and well managed. Risks were identified both internally and from external incidents and guidance. This led to clinical and non-clinical protocols resulting to reduce risks to patients.
- Staff assessed patients' ongoing needs and when they delivered care to patients it was in line with current evidence based guidance. The practice was highly proactive in responding to changes in national guidance.
- The practice was performing well in national data in terms of clinical outcomes.
- Audit was used to further improve care outcomes for patients, even where performance was already high compared to national and local averages.
- The practice planned its services based on the needs and demographic of its patient population. The planning of services was dynamic, allowing changes to services even where feedback from patients was higher than average.
- Screening rates for diseases such as cancer were higher than averages.
- Vaccination rates for children were higher than averages.
- There were well developed processes to ensure the continuity of care, particularly for patients with the most complex health needs.

Summary of findings

- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment. The partners ensured a learning environment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patient feedback regarding the approach of staff and care they received was consistently higher than local and national averages.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an ethos of continuous learning and improvement.

We identified the following areas of outstanding practice:

- The practice was a high performer in providing screening programmes for specific conditions. The chlamydia screening uptake was 12.7% in the last year, the highest performance among the local group of practices. Of those eligible 62% had undertaken bowel cancer screening compared to the national average of 59% and 82% of had attended breast cancer screening compared to the national average of 73%. The practice's uptake for the cervical screening programme was 92%, which was significantly higher than the national average of 82%. All patients who did not respond to invitations for reviews were written to and if this did not lead to a response a variety of other means were used such as text reminders or calls to patients' landlines, for example.
- The practice innovated its own assessment protocols. The local clinical commissioning group adopted some of these including a protocol for headaches developed by the practice. The partners had responded to concerns regarding the diagnosis and complications regarding sepsis nationally in recent months designing a sepsis protocol to assist GPs and nurses.
- To monitor the long term outcomes for patients who previously had cancer diagnoses a comprehensive list of all patients who had historical diagnoses was

created. This enabled reference to any patient's previous diagnosis and resulting treatment and this could be considered in relation to any current illnesses.

- A broad programme of continuous clinical and internal audit was ongoing within the practice even where care outcomes already showed high quality care. Although performance was high for respiratory disorders according national and internal data, the practice repeated yearly audits which showed improved outcomes in line with national guidance. Nurses undertook their own audit.
- The practice continued to review and improve areas of its service even where patient feedback suggested high performance. For example, the practice undertook a review of its appointment system in early October 2016 as part of its away day to identify where any further improvements could be made. This led to short, long and medium term actions to improve the appointment system. For example, the means by which patients were contacted for follow up appointments, and longer term, whether extended hours appointments needed reviewing. This was despite 100% of patients finding it easy to contact the surgery by phone in July 2016 compared to the CCG average of 84% and 91% patients describing their experience of making an appointment as good compared to the CCG average of 80%.
- Efficiencies which led to savings within the practice were re-invested in services. For example, prescribing incentive funds were used to fund a cognitive behavioural therapy (CBT) service in-house.
- The patient panel (a patient reference group) very involved in the core decision making of the practice. For example, panel members undertook their own independent interviews of prospective GPs during recruitment and then took part in the determination of appointment following the partners' interviews.

Areas the provide should make improvements are:

- Consider purchasing a hearing loop
- Review the carers' register to identify any carers not listed.

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



- Incidents and complaints were investigated thoroughly to ensure lessons were shared with staff. Action was taken to improve safety in the practice as a result of significant events.
- A broad programme of continuous clinical and internal audit was ongoing within the practice even where care outcomes already showed high quality care. Although performance was high for respiratory disorders according national and internal data, the practice repeated yearly audits which showed improved outcomes in line with national guidance. Nurses undertook their own audit.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Equipment was checked and calibrated.
- There were health and safety policies in place.
- Risks to patients were assessed and well managed.
- Medicines were obtained, stored and administered safely.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- The most recent published national data showed 100% of the total number of points related to care outcomes was achieved compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice has a rate of 6% exception reporting compared to the national average of 9% and regional average of 10%.
- The practice innovated its own assessment protocols. The local clinical commissioning group adopted some of these including a protocol for headaches developed by the practice. The partners had responded to concerns regarding the diagnosis and complications regarding sepsis nationally in recent months designing a sepsis protocol to assist GPs and nurses.
- A broad programme of continuous clinical and internal audit was ongoing within the practice even where care outcomes already showed high quality care.

Summary of findings

- The practice was a high performer in providing screening programmes for specific conditions. The chlamydia screening uptake was 12.7% in the last year, the highest performance among the local group of practices. Of those eligible 62% had undertaken bowel cancer screening compared to the national average of 59% and 82% of had attended breast cancer screening compared to the national average of 73%.
- To monitor the long term outcomes for patients who previously had cancer diagnoses a comprehensive list of all patients who had historical diagnoses was created. This enabled reference to any patient's previous diagnosis and resulting treatment and this could be considered in relation to any current illnesses.
- There was a strong ethos of staff development and training. They had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Patient feedback from comment cards stated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified. For example:
- The partners worked closely with patients living at a supported living community very close to the practice (for people who have additional social or healthcare needs, who had access to support within their complex). They worked with social services integrated locality team to better manage those with complex health needs, in both the supported living community and patients requiring additional support at home at home.

Good



Summary of findings

- Diversified means of providing reminders for patients requiring check-ups or treatment had been developed in recognition that text systems may not work as patients may change their phone numbers within the space of long term recalls.
- Every child was written to at 12 explaining how they could make appointments independently and confidentially to recognise their right to confidentiality. At 16 all patients were given independent access to online appointment booking.
- The practice funded its own cognitive behavioural therapy (CBT). CBT is a talking therapy that can help patients manage problems by changing the way they think and behave; most commonly used to treat anxiety and depression.
- 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. Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.

Are services well-led?

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

- The practice continued to review and improve areas of its service even where patient feedback suggested high performance. For example, the practice undertook a review of its appointment system in early October 2016 as part of its away day to identify where any further improvements could be made.
- A broad programme of continuous clinical and internal audit was ongoing within the practice even where care outcomes already showed high quality care.
- Patient feedback was constantly considered and responded to where any improvements could be made. This included involving the patient panel in the running of the practice. For example, panel members undertook their own independent interviews of prospective GPs during recruitment.
- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- There was an open culture and all staff groups were committed to the needs of the patient population.
- 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.

Outstanding



Summary of findings

- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient panel was active and involved by the partners and practice manager.
- There was a strong ethos of continuous improvement and learning. Staff were encouraged to undertake training and new roles where they wished to.

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 outstanding for the care of older people.

- The practice is rated outstanding for providing effective and well-led services. This is because planning of services continuously considered the needs of all patients. This led to high performance in clinical outcomes, ease of access to appointments and changes to services where this improved outcomes for patients. The findings which led to these ratings relate to all population groups.
- The practice offered proactive, personalised care to meet the needs of the high proportion of older people in its population.
- To monitor the long term outcomes for patients who previously had cancer diagnoses a comprehensive list of all patients who had historical diagnoses was created. This enabled reference to any patient's previous diagnosis and resulting treatment and this could be considered in relation to any current illnesses.
- The partners worked closely with patients living at a supported living community very close to the practice (for people who have additional social or healthcare needs, who had access to support within their complex). They worked with social services integrated locality team to better manage those with complex health needs, in both the supported living community and patients requiring additional support at home at home.
- Screening for cancer among over 65 year olds was higher than national average.
- The premises were accessible for patients with limited mobility.
- A hearing loop was not available for patients with hearing difficulties.
- Patients over 75 had a named GP to maintain continuity of care.
- Care planning was provided for patients with dementia.
- There was support provided for carers where necessary through referrals to external services and charities.
- GPs regularly visited nursing and care homes to enable them to provide the necessary care and treatment to these patients.

Outstanding



People with long term conditions

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

- The practice is rated outstanding for providing effective and well-led services. This is because planning of services continuously considered the needs of all patients. This led to

Outstanding



Summary of findings

high performance in clinical outcomes, ease of access to appointments and changes to services where this improved outcomes for patients. The findings which led to these ratings relate to all population groups.

- The most recent published national data showed 100% of the total number of points related to care outcomes was achieved compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice has a rate of 6% exception reporting compared to the national average of 9% and regional average of 10%.
- A broad programme of continuous clinical and internal audit was ongoing within the practice even where care outcomes already showed high quality care.
- Nursing staff had lead roles in chronic disease management and had appropriate training.
- Patients at risk of hospital admission were identified as a priority.
- All these patients were offered structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- The practice is rated outstanding for providing effective and well-led services. This is because planning of services continuously considered the needs of all patients. This led to high performance in clinical outcomes, ease of access to appointments and changes to services where this improved outcomes for patients. The findings which led to these ratings relate to all population groups.
- 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.
- A sepsis protocol had been developed to assist in identifying patients who may present with symptoms that require urgent assessment and treatment.
- The practice's uptake for the cervical screening programme was 92%, which was significantly higher than the national average of 82%.
- Immunisation rates were similar to average for all standard childhood immunisations.

Outstanding



Summary of findings

- Staff explained how they treated children and young people in an age-appropriate way including recognition of their rights to access treatment.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.
- The practice provided staff with training on female genital mutilation and how to report and respond to any instances or risks of this occurring.

Working age people (including those recently retired and students)

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

- The practice is rated outstanding for providing effective and well-led services. This is because planning of services continuously considered the needs of all patients. This led to high performance in clinical outcomes, ease of access to appointments and changes to services where this improved outcomes for patients. The findings which led to these ratings relate to all population groups.
- Feedback regarding access to appointments was among the best in the local clinical commissioning group.
- The appointment system was monitored to identify improvements weekly.
- The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered enable continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Travel vaccinations were available.
- There were extended hours appointments available on Saturdays from 08.30am to 10.45am.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice is rated outstanding for providing effective and well-led services. This is because planning of services continuously considered the needs of all patients. This led to

Outstanding



Summary of findings

high performance in clinical outcomes, ease of access to appointments and changes to services where this improved outcomes for patients. The findings which led to these ratings relate to all population groups.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The partners worked closely with patients living at a supported living community very close to the practice (for people who have additional social or healthcare needs, who had access to support within their complex). They worked with social services integrated locality team to better manage those with complex health needs, in both the supported living community and patients requiring additional support at home at home.
- The practice offered longer appointments for vulnerable patients.
- A temporary registration process was available to patients who may be in the area for a short period of time and who needed to see a GP.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.

People experiencing poor mental health (including people with dementia)

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

- The practice is rated outstanding for providing effective and well-led services. This is because planning of services continuously considered the needs of all patients. This led to high performance in clinical outcomes, ease of access to appointments and changes to services where this improved outcomes for patients. The findings which led to these ratings relate to all population groups.
- Performance for mental health related indicators was 99% compared to the national average 92% and regional average of 95%.

Outstanding



Summary of findings

- The proportion of patients on mental health register with an up to date care plan and physical health assessment was 85%.
- The practice funded its own cognitive behavioural therapy (CBT). CBT is a talking therapy that can help patients manage their problems by changing the way they think and behave; most commonly used to treat anxiety and depression.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- We saw dementia care planning included comprehensive information regarding relevant medical history, patient preferences, changes to medicine, regular reviews and significant others in patients' lives.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. There were 216 survey forms were distributed and 118 were returned. This represented 2.5% of the practice's patient list.

- 91% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 83%.

We received 16 patient Care Quality Commission comment cards. They were very positive about the services received. Patients particularly referred to caring, helpful and kind staff. They also stated that their care was high quality and staff worked hard to meet their needs. There were no negative comments. The practice undertook the friends and family test. Figures from September 2016 showed 95% of patients were likely or very likely to recommend the practice. Five patients of the 97 responded were unsure.

Mill Stream Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

- The practice had a General Medical Services (GMS) contract. GMS contracts are negotiated directly between NHS commissioners and the practice.
- This is a teaching and training practice with placements for a GP in training and a medical student

The practice had not been inspected previously by CQC.

Background to Mill Stream Surgery

We undertook an inspection of this practice on 10 October 2016. The practice provided services from Mill Stream, Benson, Wallingford, Oxfordshire, OX10 6RL

Mill Stream Surgery has a purpose built location with good accessibility to all its consultation rooms. The practice serves 4,740 patients from the surrounding area.

The practice demographics show that the population has a lower proportion of patients under 50 compared to the national average, but has more older patients. The practice had a low proportion of patients from ethnic minority backgrounds. There is minimal social deprivation according to national data.

- There are three whole time equivalent (WTE) GPs.
- There are 1.3 nurses and 0.6 healthcare assistants.
- Mill Stream Surgery is open between 8.30am and 6.00pm Monday to Friday. The GPs are available for emergencies between 8am and 8.30am and between 6pm and 6.30pm via an alternative phone number.
- There are extended hours appointments available on Saturdays from 8.30am to 10.45am.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 October 2016. During our visit we:

- Spoke with a range of staff, including three GPs, two members of the nursing team and support staff based at the practice, including the management team.
- Observed how patients were being cared for.
- 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.

Detailed findings

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

The practice had a system in place for reporting, recording and monitoring significant events which demonstrated an open and learning culture. We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted. There were regular meetings where significant events would be discussed including a specific clinical significant event format.
- All event outcomes were discussed with staff, including clinical event outcomes. The partners and manager explained this was done to ensure that all staff were aware of the relevance of any action that resulted from learning events. For example, there were changes made to the prescribing of a medicine for the treatment of asthma due to risks associated with it. This was communicated to clinical and reception staff, as reception staff could then justify why patients requesting a repeat prescription for the medicine may be asked to see a clinician first to discuss this.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff.

Medicine and equipment alerts were received by the practice and we saw a log where they were noted and any action required was recorded.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There were contact details for further guidance if staff had concerns about a patient's welfare. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults.

GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. Nurses received level two child safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. Staff had received training regarding female genital mutilation and the need to report any instances identified in patients under 18 years old.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had Disclosure and Barring Service (DBS) checks. (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 that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control. The infection control lead had received advanced training. All staff received relevant infection control training. This included training for reception staff on how specimens handed in by patients at reception. Checks of cleanliness were undertaken and regular conversations with the cleaning contractor took place where improvements were required. There was an infection control protocol in place. This included a sharps injury protocol (needle stick injury). This was available to staff in consultation rooms and on the shared computer drive. Clinical waste was stored and disposed of appropriately. Appropriate sharps containers were used and removed before becoming overfull. Disposable privacy curtains were used and had expiry dates to indicate when they needed changing. These were within expiry dates.
- Medicines were managed safely. We checked medicine fridges and found fridges were monitored to ensure temperatures were within recommended levels for storing vaccines and other medicines. Records showed fridges were within recommended levels. Blank prescription forms (scripts) and pads were securely stored. Printed scripts were logged out of their storage cupboard to ensure that they could be identified if stolen. However, blank scripts were not. The practice amended their policy by the end of the inspection to ensure blank scripts were tracked throughout the

Are services safe?

practice and locked away at the end of each day. We saw that medicines stored onsite were within expiry dates and stored properly. There were processes for disposing of out of date medicines. Nursing staff received training and had access to necessary information on administering vaccines.

- The practice held a controlled drugs (medicine which require specific storage requirements by law) onsite. These were appropriately stored with standard operating procedures were in place. There was a register of the medicines stored.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where Patient Specific Directions (PSDs) were required these were properly recorded and authorised per patient. This ensured that patients received medicines in line with national guidelines and that they were safe to administer to specific patients.
- We reviewed four 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. This ensured that staff were fit to work with patients. Hepatitis B immunisation was offered to reception staff and was a requirement for all clinical staff.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available. Staff had received relevant in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- There was a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Action had been taken as a result of the risk assessment, such as regular flushing of water outlets and testing water temperatures.
- Staff at the practice had received fire training. There was a fire risk assessment. A log of maintenance, staff fire training and alarm testing was held.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly. The spirometer was calibrated regularly to ensure its readings were accurate.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. For example:

- The practice had an automated external defibrillator and clinical staff received training in how to use this. Oxygen was stored onsite and this was checked regularly to ensure it was working and well stocked.
- There were emergency medicines onsite and these were available to staff. These included all medicines which may be required in the event of a medical emergency.
- Staff had received basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.



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 reviewed any protocols or templates for assessing patients as soon as NICE guidelines changed. They also responded to national incidents where improved assessment of patients could improve healthcare outcomes. The practice also innovated its own assessment protocols, which were adopted by local commissioners to support other practices. For example:

- The practice had systems in place to ensure they were alerted to any changes in national clinical guidance. Any changes were quickly assessed via the clinical governance systems and discussed in meetings. This ensured staff were kept up to date.
- Guidelines from NICE was used to change templates for assessing patients and for reviews of long term conditions. For example, an alert regarding a medicine used in inhalers for asthmatics led to an immediate pathway template for the appropriate use of the medicine.
- All clinical staff were able to identify improvements to templates and implement them through the clinical governance structure. For example, nursing staff identified an improvement for the spirometry template and this was agreed by the partners and implemented.
- Our GP specialist adviser noted that templates used for common long term conditions including diabetes and asthma, were highly detailed and were directly linked to developing individual care plans for patients.
- Training was provided to nursing staff to enable them to assess and plan care for patients with long term conditions.
- The practice monitored that these guidelines were followed through risk assessments, audits and reviewing templates used to deliver patient reviews.
- Where any assessment protocols were deemed beneficial they were created by the practice to support staff in making appropriate clinical decisions. For example, there had been concerns regarding the diagnosis and complications regarding sepsis nationally

in recent months. Therefore the practice had designed a sepsis protocol to assist GPs and nurses in speedy diagnosis of this condition which can be very difficult to detect.

- Protocols implemented by the practice were adopted by the local clinical commissioning group (CCG) to support other practices. For example, the practice had developed a headache protocol which enabled appropriate assessment for patients attending practices with various headache related symptoms. This ensured prioritisation based on risk.
- Care planning for long term conditions empowered patients to have as much control as possible in their care and treatment. This included indicators of exacerbations of patient's illnesses and what action to take. For example, for patients with heart failure care planning included what action to take in the event of weight gain, a sign that the heart may not be functioning properly and causing fluid build-up in parts of the body.
- There was guidance for receptionists on booking appropriate appointments and prioritising appointments.

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 showed 100% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 6% exception reporting compared to the national average of 9% and regional average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This indicated that patients received high quality care in line with national guidance.

Data from 2015 showed:



Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was 100% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 8% compared to the CCG average of 13% and national average of 11%.
- Performance for mental health related indicators was 99% compared to the national average 92% and regional average of 95%. The proportion of patients on mental health register with an up to date care plan and physical health assessment was 85%.
- The practice funded its own cognitive behavioural therapy (CBT). CBT is a talking therapy that can help patients manage your problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression. Two hours of sessions were provided weekly and at any time approximately eight to ten patients were receiving support.

There was evidence of comprehensive clinical audit which led to improvements in care. The audit programme in place demonstrated early adoption of evidence based change across a broad range of clinical areas:

- The practice participated in local audits, identified their own audits and national benchmarking. Audits were identified immediately from changes in guidance, academic journals, experiences where patient care could be improved and from personal expertise of GPs. Every audit we reviewed was in the process of completion to ensure where improvements were identified, they were delivered.
- For example, an audit into the use of a drug used in patients who have experienced breast cancer was undertaken in response to a medicine alert regarding a diminutive effect on the medicine when used with a specific anti-depressant. The practice repeated the audit yearly despite no patients being identified, to ensure no new patients had been prescribed the medicine. It was now in its third cycle.
- An audit into steroid use in patients with a specific respiratory disease was undertaken to identify any patients who could have their steroid intake reduced. The audit led to a letter being sent to the identified patients and the re-audit showed improvement.
- Significant events led to audit programmes. For example, the prescribing of a high risk medicine was identified as requiring improvements in 2012 due to low uptake of blood tests required regularly. This led to a change in the process for prescribing the medicine and

for requesting repeat medicines. The process is still audited yearly to ensure the improvements have been maintained and that patients receive the medicine safely.

- Nurses undertook audits. For example, a nurse audited cervical smears annually and reported any learning outcomes from inadequate smears to colleagues.
- Staff informed us that any audits which showed notable outcomes or where additional learning or actions were required, they were discussed in depth at clinical meetings and any actions were followed up at subsequent meetings.

Findings, clinical publications and guidance were used by the practice to drive improvements across a broad range of clinical care. For example, GPs had adopted and considered the guidance on suspected cancers and we saw this was available to all staff. There was consideration of patients who had previously had cancer and this had led to a comprehensive list of all patients who had historical diagnoses. GPs explained that this enabled reference to any patient who presented with an illness and that their previous diagnosis and resulting treatment could therefore be considered. For example, patients who had received radiotherapy may experience complications years after treatment. The cancer diagnosis record enabled GPs to identify cancer histories and treatments quickly for accurate assessment of the patient.

Every referral made by clinical staff was reviewed to determine its appropriateness and any learning outcomes. These were discussed at clinical meetings.

The practice identified prior to the inspection from the patient record system that 90% of patients on less than four repeat medicines and 98% of patients on four or more medicines had up to date medicine reviews. The system was monitored to ensure that patients on high risk medicines were assessed and received their medicines safely.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



Are services effective?

(for example, treatment is effective)

- Staff told us they could access role-specific training and updates when required and that there was a programme of training.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. There was training for staff who undertook cervical screening.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Care records were digitalised so they could easily be shared with ambulance and out of hours services.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- When a two week cancer referral was made, the relevant hospital service was contacted directly.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. There was a list of 77 patients deemed at risk of unplanned admissions with a care plan in place.

Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- There was an MCA protocol had a supporting capacity assessment template to enable staff to use this quickly when assessing patients who may lack capacity to make a decision regarding their care. Nurses were aware and trained to use this tool. They were clear on the practice policy that if they believed a patient lacked capacity they must seek further assistance from GPs.
- There was awareness of the Gillick competency (obtaining consent from patients under 16) and supporting guidance available.

Supporting patients to live healthier lives

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

- There was a register of nine patients receiving end of life care and six had care plans.
- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.

There were 235 smokers listed on the register. The information sent to us prior to the inspection stated that 205 patients had received stop smoking advice and nine had stopped smoking as a result.

The practice's uptake for the cervical screening programme was 92%, which was significantly higher than the national average of 82%. 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. Of those eligible 62% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 82% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%. One reason for this high achievement was a recall system the practice had in place. All patients who did not respond to invitations for reviews were written to. This included for any patients who may have long term recall periods such as bowel cancer



Are services effective?

(for example, treatment is effective)

screening. A variety of means were used for reminders instead of text reminders for example. This was in recognition that over a period of years patients may change phone numbers.

Eligible patients were offered dementia screening. Of 25 patients screened four had been referred following diagnoses. There were 27 patients on the dementia register.

The practice offering annual health checks to patients with a learning disability. There were 11 patients on the register and seven had completed health checks so far this year.

NHS Health checks were offered to patients and 149 of those eligible had received one in the last year.

The practice offered chlamydia screening to its patients and 12.7% had undertaken a test, the highest performance among the local group of practices.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were nearly all at 100% and one for Meningitis B was at 98% (CCG average 93%). For five year olds the practice achieved 98% on all indicators but one which was at 94% (CCG average 95%).

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.

We received 16 patient Care Quality Commission comment cards. All of the cards contained highly positive feedback about the practice. We spoke with three members of the patient panel (a patient reference group). They were all positive about the service provided by the practice and the caring nature of staff.

A patient told us they were supported emotionally with a personal issue, both at the time of the event and on an ongoing basis.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was higher than local and national average for satisfaction scores on consultations with GPs and nurses. Feedback on the reception team was significantly high. The most recent results showed:

- 96% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.

- 94% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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 on CQC comment cards. 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. We saw that care plans were personalised.

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 compared to the national and local averages:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- We were informed that blind patients were offered additional support to understand their care and treatment options where they would not be able to access written information.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as

carers which was 0.8% of the practice list. There was information provided to carers on the website and in the practice. The patient panel supported coffee mornings for local carers. .

The practice manager told us GPs contacted relatives soon after patient bereavements if they felt this was appropriate. Bereavement support was also available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was very involved in the local community and this enabled it to review the needs of its local population and planned its services accordingly. For example:

- The practice enabled different means of booking appointments, such as providing same day bookable appointments without return calls for patients who were deemed vulnerable.
- The partners worked closely with patients living at a supported living community very close to the practice (for people who have additional social or healthcare needs, who had access to support within their complex). They worked with social services integrated locality team to better manage those with complex health needs, in both the supported living community and patients requiring additional support at home at home.
- Any patients requiring reminders for checks ups or treatment after long periods of time (for example, those with contraceptive devices) had diversified means of providing reminders for them to come back into the surgery. This was in recognition that text systems may not work as patients may change their phone numbers within the space of two to three years.
- There was the ability for parents to book children appointments online. GPs considered the rights of children in planning services and recognised there may be instances where children may want to seek confidential advice and care. Therefore every child was written to at 12 explaining how they could make appointments independently and confidentially. If any child did contact the practice under the age of 16 the practice would follow the Fraser guidelines for assessing whether a child could consent to care or whether parental involvement was required.
- The practice funded its own cognitive behavioural therapy (CBT). CBT is a talking therapy that can help patients manage your problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression. Two hours of sessions were provided weekly and at any time approximately eight to ten patients were receiving support. The practice funded this through the prescribing incentive scheme.

This benefited patients who would otherwise have to travel to nearby towns or cities for the service. It also enabled strong communication between the therapist and GPs.

- Flags or alerts were used on the record system to enable staff, including receptionists, to identify vulnerable patients who needed prioritisation or specific assistance.
- GPs regularly visited nursing and care homes to enable them to provide the necessary care and treatment to these patients.
- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was no hearing loop.
- Travel vaccines and advice were available, both on the NHS and privately
- The building was accessible for patients with limited mobility or disabled patients.

Access to the service

Mill Stream Surgery was open between 8.30am and 6.00pm Monday to Friday. The GPs were available for emergencies between 8am and 8.30am and between 6pm and 6.30pm via an alternative phone number. There were extended hours appointments available on Saturdays from 8.30am to 10.45am.

The appointment system was closely monitored to identify improvements. Every week GPs and the practice manager would review the availability of advanced and same day appointment slots over the coming weeks. They would alter the spread of appointments per day and per GP where they deemed it would benefit patients' access. Where GPs were concerned that there may be a shortage of appointments, they added additional appointments, taking up time usually designated for other tasks.

The close monitoring and high availability of advanced and same day appointments resulted in high patient satisfaction in the national GP survey. For example:

- 100% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 91% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 80% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

Patients were able to register for online appointments and repeat prescription requests.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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. All complaints were discussed at meetings to determine if any learning or changes to systems were identified.
- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in 2015 as there were none in 2016. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome. For example, two complaints regarding repeat prescriptions had been made and the patients received a response following an investigation.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice staff shared a clear vision to deliver a high standard of patient care. The practice strategy was developed and shared by all staff members. There was dynamic planning whereby the governance and policies were reviewed and improved to ensure they delivered the strategy effectively.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff. Staff had a clear priority of placing patients at the centre of their jobs and the services provided.
- There were annual away days to review how the practice could improve and develop.
- Partners explained that in the planning of services they considered different sections of the general population. The ethos of the practice was that although most patients would adopt changes to systems, a proportion (often those vulnerable due to social need or health conditions) may not be able to adapt to new systems quickly. Therefore in planning services the practice considered how to support patients who may find it difficult to adapt and make specific adjustments for them. For example, this included enabling different means of booking appointments.

Governance arrangements

The practice had a governance framework which supported the delivery of its strategy. The partners reviewed their model of governance frequently by reviewing decision making procedures and the culture of leadership at the practice at meetings and away days.

- A broad programme of continuous clinical and internal audit was ongoing within the practice. These audits demonstrated improvements even where care outcomes showed high quality care. For example, the practice followed guidance on not prescribing an anti-depressant to patients who took medicine following breast cancer treatments. This was demonstrated by an audit which showed no patients were on both medicines. The practice continued yearly audit to ensure this continued. Although performance

was high for respiratory disorders according national and internal data, the practice repeated yearly audits which showed improved outcomes in line with national guidance.

- The appointment system was constantly monitored to ensure a spread of appointments across days, times and clinicians and changes were frequently made including additional appointments.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies and protocols were available to all staff. These were regularly updated and provided specific information on providing safe and effective services. These included providing clinical protocols for staff where risks to patients from national guidance or outcomes were identified. For example, the practice implemented its own sepsis and asthma protocols in response to such findings.
- Risks to patients were assessed and managed. This included medicines management, infection control and safeguarding patients from abuse.

Leadership and culture

- The partners demonstrated they had the experience, capacity and capability to run the practice and provide high quality services. Staff told us the management team and GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw relevant minutes. There were away days which were inclusive of all members of staff.

Are services well-led?

Outstanding



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

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

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 via its patient panel. The panel was proactive and very involved in the core decision making of the practice. For example, panel members undertook their own independent interviews of prospective GPs during recruitment and then took part in the determination of appointment following the partners interviews.

The practice undertook the friends and family test. Figures from September 2016 showed 95% of patients were likely or very likely to recommend the practice. Five patients of the 97 responded were unsure.

Continuous improvement

The practice continued to review and improve areas of its service even where patient feedback suggested high performance. For example:

- The practice undertook a review of its appointment system in early October 2016 as part of its away day to identify where any further improvements could be made. This led to short, long and medium term actions to improve the appointment system. For example, the means by which patients were contacted for follow up appointments and longer term, whether extended hours appointments needed reviewing.
- The practice's away day in 2016 included a review how governance processes and the model of care in terms of the patient experience. The practice was undertaking a review of the patient journey including all staff to deduce how the practice could improve these processes for patients to receive improved care and treatment.
- Efficiencies which led to savings within the practice were re-invested in services. For example, prescribing incentive funds were used to fund a cognitive behavioural therapy (CBT) service in-house.