

Watling Vale Medical Centre

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Watling Vale Medical Centre on 24 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Complete the alteration work which would permanently make the appointment desk Equality Act 2010 compliant by the scheduled completion date of 31 March 2016.
- Continue to monitor the measures introduced to improve access to appointments.

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.

- 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. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect.
- Patients said 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



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was participating in a pilot involving a test called BNP which can be used to diagnose heart failure without the need for the patient to attend hospital for this test.
- The practice was aware of the varied experience of patients in accessing the appointments with GPs and was responding to make this better.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Are services well-led?

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

Good



- The practice had a 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 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 practice 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.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels and the practice engaged in innovative local projects.

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.
- Patients aged 75 and over had a named GP and individualised care plans.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients living in nursing home were offered routine fortnightly ward rounds.
- To reduce unplanned admissions to hospital, the practice worked with the Milton Keynes Rapid Assessment and Intervention Team (RAIT) and community matrons to ensure an appropriate response was made to care for the patient in their usual place of abode.
- The practice worked with the high impact team for care homes in Milton Keynes who supported care home staff in the care of their residents.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with long term conditions who appeared to face social isolation were referred to Age Concern and other agencies for support.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 86% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months with the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Cervical screening results were the same as the national average of 82%
- 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, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- As part of the Prime Minister's Challenge Fund (PMCF) initiative appointments were available to working age population during weekday evenings and Saturday.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 89 percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 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 carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed there were varied levels of satisfaction. 285 survey forms were distributed and 111 were returned. This represented 39% return rate.

- 31% patients said they could get through easily to the surgery compared to a national average of 73%.
- 64% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 70% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards. Patients said they were happy with the care they had received and that the GPs, nurses and reception staff were supportive and caring. Four patients remarked on the difficulty in getting through to the surgery by phone to obtain an appointment.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Complete the alteration work which would permanently make the appointment desk Equality Act 2010 compliant by the scheduled completion date of 31 March 2016.

- Continue to monitor the measures introduced to improve access to appointments.

Watling Vale Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Watling Vale Medical Centre

Watling Vale Medical Centre situated in Burchard Crescent, Shenley Church End, Milton Keynes is a GP practice which provides primary medical care for approximately 13077 patients living in the Shenley Church End, Shenley Lodge, Shenley Brook End, Loughton & Crownhill areas.

Watling Vale Medical Centre provides services under a Personal Medical Services (PMS) contract agreed nationally. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice population is predominantly white British but the practice also serves a small ethnic population of Asian, Afro Caribbean and Eastern European origin. The practice has a large working age population.

The practice has five GPs partners (two males and three female). The practice regularly uses two locum GPs. There are four practice nurses who are supported by two health care assistants. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates from two storey premises. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative staff. There is time limited car parking outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided via the 111 service.

Why we carried out this inspection

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

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 24 February 2016.

During our inspection we:

Detailed findings

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service and members of the patient participation group. A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- Observed how patients were being assisted.
- 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 or a GP of any incidents and there was a recording form available.
- The practice carried out a thorough analysis of the significant events which were documented and reviewed regularly.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. The practice had recorded six significant events that had occurred during the last 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had changed the way it communicated abnormal test results to patients subsequent to an incident investigation.

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 policies and flow diagrams 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 GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. The nurses, health care assistants and two receptionists acted as chaperones. 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).

- We looked at the standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead. An infection control policy was in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Recent improvements included replacement of individual hot and cold sink taps with mixer taps in clinical rooms.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We noted that temperature recording on one of the fridges had been missed during odd days, this was because access was not available due to an ongoing clinic. The practice manager after our inspection confirmed that a robust schedule of temperature checks had now been commenced. With the support of the local medicines management team the practice disseminated prescribing information to all GPs. The practice made use of clinical software to monitor and ensure prescribing was in line with best practice guidelines for safe prescribing. The practice benefited from an in-house pharmacist who provided medication reviews as well as advising clinical staff on drug interactions. Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. The practice manager confirmed that blank prescription forms stored within printers in consultation rooms were locked in a drawer and consultation room entry doors secured with a lock when the rooms were not in use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants (HCAs) were able to administer vaccinations. Records showed that the staff had been assessed as competent for this role.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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. The practice had up to date fire risk assessments and had a clear evacuation procedure in place with a designated fire marshal. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used two regular locum GPs to cover any shortfalls. We saw that there was flexibility within the practice staff covering absence and holidays.

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.
- 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.

The practice had a 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 routinely reviewed guidelines every two months and assessed new guidance during the weekly lunchtime clinical meetings.
- 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% of the total number of points available, with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 84% which was comparable to other practices in the CCG area (national average 89%).
- The percentage of patients with hypertension having regular blood pressure tests was 78% which was comparable to other practices in the CCG area (national average 84%).
- Performance for mental health related indicators was 100% which was comparable to other practices in the CCG area (national average 93%).

Clinical audits demonstrated quality improvement.

- We were shown two examples of clinical audits completed in the past year which related to vitamin B12 prescribing and minor surgery. We saw that re audit dates have been set for these to check the improvements made.
- In all instances we found that the practice had taken appropriate actions to make improvements. For example, following the minor surgery audit the practice had made improvements to the way minor surgery was recorded on electronic patient records and how the GP performing the surgery could obtain a better outcome for the patient.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example an annual prescribing audit.

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, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme 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 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

Are services effective?

(for example, treatment is effective)

use of e-learning training modules and in-house training. Nursing staff told us that the GPs operated an open door policy and they could seek their advice or supervision any time should the situation warrant it. For example, they could approach the GP leads for diabetes and respiratory care for clinical care advice.

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.

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.
- We saw that consent was obtained when undertaking minor surgical procedures and these were recorded within the patient's records. The practice had also

audited if all patients undergoing minor surgery had a record of consent on their records. As a result GPs undertaking this procedure had undergone refresher training on obtaining and recording consent.

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 weight management, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 98% and five year olds from 93% to 97%.

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.

Patients aged 75 and over had a named GP and individualised care plans. These patients were given access to a direct telephone number to contact a GP. Older patients living in nursing homes were offered routine fortnightly ward rounds. To reduce unplanned admissions to hospital, the practice worked with the Milton Keynes Rapid Assessment and Intervention Team (RAIT) and community matrons to ensure an appropriate response was made to care for the patient in their usual place of abode. The practice worked with the high impact team for care homes in Milton Keynes who supported care home staff in the care of their residents.

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.
- The practice shared with us number of way in which they supported and cared for isolated and vulnerable patients. For example a GP routinely called to check if an isolated older person living alone in an upstairs bedroom was keeping well. There were other examples shared with us that showed a caring and compassionate approach to care by practice staff.

All of the 12 patient Care Quality Commission comment cards we received were positive about the care and treatment experienced. Patients said staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group. They told us the GPs and the practice manager engaged and supported the group. Staff were aware of the needs of the population and individually supported patients with their care and treatment. In their opinion the quality of care provided was very focused and they were happy with the services received.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.

For example:

- 81% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 74% said the GP gave them enough time (CCG average 80%, national average 87%).

- 90% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 81% said the last GP they spoke to was good at treating them with care and concern which was comparable to other practices in the CCG area. (National average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern which was comparable to other practices in the CCG area. (National average 91%)
- 88% said they found the receptionists at the practice helpful (CCG average 86%, 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.

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.

For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care which was comparable to other practices in the CCG area. (National average 82%)
- 80% said the last nurse they saw was good at involving them in decisions about their care which was comparable to other practices in the CCG area. (National average 85%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

practice had a system to alert the GPs if a patient was also a carer. Information was available in the patient waiting area which signposted carers to useful support groups and organisations.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The GPs regularly attended locality meetings where local issues were discussed and prioritised for action. For example on how the locality could optimise the way it prescribed medications.

- The practice had a variety of access arrangements for appointments. For example in addition to on the day and pre bookable appointments, the practice offered telephone appointments enabling patients with increased flexibility when accessing care.
- There were longer appointments available for patients that needed one including those 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.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was aware that their reception desk because of its height did not meet the requirements of the Equality Act 2010. The practice had risk assessed current provision against the requirement and had put in place temporary measures to help affected patients. The practice showed us confirmed alteration work which would permanently make the appointment desk equality act 2010 compliant. The work was due for completion by end of March 2016.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were available during this time. On the day appointments were available which was bookable by telephone or online. GP appointments could also be pre booked up to six weeks in advance. Where the GP asked a patient to return for a follow up consultation, this was arranged by giving the patient a 'doctor said' slip which allowed the patient to make an appointment at the required interval in advance. Urgent appointments were

available for people that needed them. Patients could e-mail the GP and 'ask the doctor' for general health queries to which the GP usually responded within 24 hours. The practice was part of the Prime Minister's Challenge Fund (PMCF) initiative to provide extended hours access to a GP. The service operated out of six GP hubs in Milton Keynes. This provided access between 6.30pm and 8pm during week days and between 8am and 2pm on Saturdays.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment as follows.

- 65% of patients were satisfied with the practice's opening hours which was comparable to other practices in the CCG area. (National average 78%)
- 31% patients said they could get through easily to the surgery. This showed a large variation when compared with other practices in the CCG area. (National average 73%)
- 24% patients said they always or almost always see or speak to the GP they prefer which was comparable to other practices in the CCG area. (National average 36%)

Patients we spoke with on the day of the inspection also told us of the difficulty in getting through to the surgery by phone and often had to attend the surgery to secure an appointment. The practice told us that they were aware of the varied patient satisfaction about getting through to the surgery and had introduced additional measures such as increased appointments at peak times, online access to on the day appointments and 'ask the doctor' e-mail facility. They had acquired additional telephone lines so calls could be answered sooner. The practice also planned to recruit an additional GP so more appointment slots could be made available. However they agreed that these measures needed to be publicised and they were working on improving patient awareness of action they planned to take. The practice was monitoring the situation closely to identify any further changes needed to make accessibility to appointments easier.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- 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 including a leaflet that gave information on the complaints procedure.

We reviewed 10 complaints received in the last 12 months. We saw that the practice had replied to these in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following an investigation of a complaint, the practice had made staff aware of the importance of clear labelling of specimens.

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 vision was to provide comprehensive, evidence based, patient centred care identifying improvements to meet and maintain patient's needs.
- The practice had supporting strategies 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 were key staff members allocated to lead on specialist clinical and administrative areas. For example, there was a lead GP for clinical governance, safeguarding adults and children and risk management.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained which included QOF, prescribing, hospital admissions and other local projects.
- 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 partners prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us 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. We saw examples of complaints where the practice had identified mistakes and patients had been contacted and informed with an explanation and apology regarding the incident. The

partners encouraged a culture of openness and honesty and staff we spoke with confirmed this. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held regular meetings. These included staff meetings, practice meetings, clinical meetings, partners meetings and nurses meetings with the GPs.
- 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. The practice staff also had access to protected learning sessions once a month.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to 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 had gathered feedback from patients through their patient participation group (PPG) survey, the national GP survey, comments and complaints and acted on them. For example the PPG had worked with the local council to improve car parking outside the surgery.
- It also regularly reviewed comments left on the NHS Choices website and the friends and family test.
- The practice had gathered feedback from staff through staff meetings, appraisal and informal discussions. They 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

The practice was proactive in its approach to improving health outcomes for patients. The practice is currently piloting FeNO testing for asthma patients with the aim of

Are services well-led?

Good 

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

reducing asthma exacerbations. It is also participating in a pilot involving a test called BNP which can be used to diagnose heart failure without the need for the patient to attend hospital for this test.