

# Hilltops 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

## 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	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Hilltops Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hilltops Medical Centre on 27 May 2016. Overall the practice is rated as good.

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

- The practice had an open and transparent approach to safety, including the reporting and recording significant events.
- Risks to patients were assessed and generally well managed. However, we found that the medication review process needed to be more robust.
- The system for cascading and implementing medical updates and alerts would benefit from review. Evidence to identify the action the practice had taken in response to updated guidance and thereafter updating records was not always clear.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care

and treatment. However, we noted that not all clinical staff had a comprehensive understanding of the requirements to establish parental responsibilities before treatment was provided.

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Feedback from patients was positive about the care and approach from staff. However, some identified concerns regarding accessibility of appointments. We saw that urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure, with partners and senior managers providing supportive and proactive direction for the practice. We noted that the CQC Registered Manager position was vacant at the time of inspection. The provider was in the process of applying for a new manager to be appointed.

# Summary of findings

- Staff told us they felt supported by the partners and senior management. The practice routinely sought feedback from staff and patients from a variety of sources, which it acted on to improve services.
- The provider was aware of and complied fully with the requirements of the duty of candour and had created and maintained a duty of candour log.

The areas where the provider should make improvement are:

- Ensure robust systems and processes are in place for management of patient safety alerts and medication reviews, to ensure all discussions and actions are recorded appropriately
- The practice should continue to monitor and seek improvements in outcomes for the National Patient Survey.
- Consider a documented business plan to support the practice vision and strategy.

**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.

- The practice had a system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place designed to keep patients safe and safeguarded from abuse. However, we found that systems for medical alerts and medication reviews needed to be more robust.
- Risks to patients were assessed and generally well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were broadly comparable 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 other health care professionals 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 rated the practice as broadly comparable to others for several aspects of care.
- Patient feedback was mixed, with some concerns expressed about the availability of appointments. However, the feedback we received on the day was positive.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The access to appointments was a concern for many patients. However, the practice had actively worked to investigate different delivery options to address the concerns. Online booking and telephone consultations with GPs had been introduced to offer more flexibility and ease of access. Urgent appointments were 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 as appropriate.

Good



## Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were engaged and clear about their roles and responsibilities in relation to the vision and delivery of services.
- There was a clear and strong leadership structure. Staff told us they felt supported by the partners and senior management. The practice had appropriate policies and procedures in place to govern activity and held regular governance meetings. The practice was in the process of making amendments to the CQC Registered Manager position.
- There was a management framework which supported the delivery of the vision across the practice, including arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour, including introduction of an incident policy to ensure thorough recording and action of incidents as they occur.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and engaged with development of services and information sharing for patients.
- There was a clear focus on continuous learning and improvement at all levels across the practice, with investment in staff development a feature.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided twice weekly visits to the two care homes where it had responsibility for patient care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87%, which was broadly comparable to the local CCG average of 91% and national average of 88%.
- 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- The percentage of women aged 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years was 83%, which was comparable to the local CCG average of 82% and national average of 81%.
- 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 on-line services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered early morning appointments from 7am, as many patients commuted to work.

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 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.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 222 patients as carers (1.4% of the practice list).

Good





# Summary of findings

## 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).

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is the same as the local CCG average and slightly below the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 were published in January 2016. The results showed the practice was performing below the local and national averages in a number of areas.

281 survey forms were distributed and 109 were returned. This was a 39% completion rate and represented less than 1% of the practice's patient list.

- 34% of patients found it easy to get through to this practice by phone which was significantly lower than the local CCG average of 60% and the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried, which was lower than the local CCG average of 80% and the national average of 85%.
- 58% of patients described the overall experience of this GP practice as good, which was significantly lower than the local CCG average of 77% and the national average of 85%.
- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area, which was lower than the local CCG average of 69% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 completed comment cards, from a variety of patients; some were families with young children and others from older age ranges. One patient identified they had been with the practice for 30 years whilst others were recently registered patients.

Overall, the feedback from the comment cards was generally positive. The caring and thoughtful attitude of staff being highlighted. We saw that on some cards named GPs had been identified as providing exceptional care. However, a number of the cards highlighted concerns regarding access to appointments as being a problem.

We spoke with two patients during the inspection. Both the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also acknowledged that sometimes obtaining an appointment could take some time, but that usually it was possible to see a GP. The on-line booking system had noticeably helped in planning and accessing appointments.

The NHS Family and Friends Test showed that 96 patients (76%) recommended the practice. This was from a total of 127 responses.

The practice had sought to review and improve access by telephone and had, with the assistance and encouragement from the patient participation group (PPG), sought to introduce on-line appointment booking facilities. Staff had received additional training in dealing with customer services issues and information about changes to appointment booking arrangements had been made available via leaflets, posters and the practice website. The practice should continue to seek improvements to patient satisfaction outcomes.

## Areas for improvement

### Action the service SHOULD take to improve

- The medication review process should be more robust.
- Ensure robust system and processes in place for management of patient safety alerts
- Arrangements should be in place to ensure staff are aware of the requirement to establish parental responsibilities.
- The practice should continue to seek improvements in outcomes for the GP Patient Survey.
- The practice should develop a written business plan.

# Hilltops Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The CQC inspection team comprised of a GP specialist advisor and was led by a CQC inspector.

## Background to Hilltops Medical Centre

Hilltops Medical Centre is part of the NHS England Hertfordshire and the South Midlands, and Milton Keynes Clinical Commissioning Group (CCG).

The practice is registered with the CQC to provide the following activities:

- Diagnostic and screening procedures,
- Treatment of disease, disorder or injury,
- Maternity and midwifery services,
- Surgical procedures,
- Family planning.

All services are provided from one registered location;

- Hilltops Medical Centre, Kensington Drive, Great Holm, Milton Keynes, MK8 9HN

The practice provides services under the auspices of a General Medical Services (GMS) contract (a GMS is a contract agreed nationally by Commissioning Providers).

The practice first opened in 1983. Due to rapid expansion, and in response to demand for services from a growing population, moved to its existing, purpose built, premises in 1987. The current building has good facilities for

patients, including access arrangements, with graduated walking ramps and automatic doors to the main entrance, easy access toilets and baby changing facilities for example.

The ground floor reception and waiting areas are bright and open plan. The reception area is equipped with electronic patient arrival registration screens and a hearing loop for the hard of hearing. All consultation and treatments rooms are located on the ground floor. Administration and management offices, a staff rest room and meeting rooms occupy the first floor.

In response to continued growth and demand for services the building was updated in 2008, with additional treatment and consultation rooms added. This development also saw a refurbishment and enlargement of the administrative and staff areas.

Hilltops Medical Centre is located in the heart of a Milton Keynes housing estate. There are good transport links, with public footpaths, cycle paths and service roads linking the practice to surrounding housing and major roads to the town centre. Car parking is available on site and in adjacent roads.

The practice had nine GPs (six male and three female). There are four partners and five fixed share partners. There are three female nurses and three health care assistants (two female and one male).

Hilltops Medical Centre is a training practice, and at the time of inspection had two female GPs in training in post (one in their first year of speciality training and one in the third year of training). Administration and management is provided by the practice manager, deputy practice manager and a team of secretaries, administrators and reception staff.

The practice offers appointments and services to meet the requirements of its patients as follows;

# Detailed findings

- The practice is open from 8am to 6.30pm everyday Monday to Friday.
- Extended hours are provided on Tuesday, Wednesday and Thursday, when the practice is open from 7am to 6.30pm.
- Additional appointments are also offered every Saturday, from 8.30am to 11.30am.

The practice has patients who work away from the area, with many commuting to and from London. The early morning appointments are offered for patients who may not be able to attend during conventional opening times. Urgent and emergency appointments are available on the same day and patients are advised consultations may be with the duty doctor rather than their preferred, or usual, GP.

According to national data the area falls in the 'second least deprived decile' and is one of minimal deprivation. Average life expectancy for people living in the area is higher than local CCG and national averages. Male life expectancy at 80 years compared to CCG average of 78 years and national average 79 years. Female life expectancy for the area was 87 years, while local CCG average was 82 and national average 83 years.

The practice has 15,960 registered patients. Approximately 52% of the practice population is in the age range 30 to 65 years. 10% of the patient group was over 65 years of age, compared to the CCG average of 12% and national average of 17%.

The prevalence of patients with a long standing health condition was 48% compared with CCG average of 52% and national average of 54%.

When the practice is closed, out-of-hours services are provided by Milton Keynes Urgent Care Services (MKUCS). Advice on how to access the out-of-hours service is clearly displayed on noticeboards throughout the public spaces in the waiting and reception area, on the practice website and telephone message when the surgery is closed. The MKUCS service is available from 6.30pm to 8am.

## 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 27 May 2016.

During our visit we:

- Spoke with a range of staff, including GPs, Nurses, Health Care Assistants, management, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

## Detailed findings

- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an appropriate analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

We found that the notes from meetings did not demonstrate in sufficient detail the nature of discussion, nor did they consistently record the number or type of alert that had had been discussed. It was not possible to demonstrate therefore, if all alerts had been discussed by all clinicians at the practice. In some cases, where action had been taken, we did see that appropriate checks had been put in place and that updates and learning had been shared, however, the system would benefit from being more robust.

### Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff via a shared drive on the computer system in the practice. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and clinical and administrative staff were trained to appropriate levels relevant to their role.

- Notices were displayed in the waiting area and treatment and consulting rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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. The premises appeared to be clean and tidy at the time of our inspection. A Health Care Assistant was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit was undertaken; this was supplemented by regular weekly and monthly checks. We saw evidence that action was taken to address any improvements identified as a result of the checks.
- The arrangements for managing medicines, including high risk drugs, emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## 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. The practice applied all relevant pre-employment checks to locum and temporary staff also. We saw that DBS checks had been undertaken for staff who had been employed by the practice before the requirement to provide checks had been introduced.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had benefitted from a generally stable staff team and had a policy of engaging locum GPs on 'long-term' contracts to help with continuity of care for patients.

### 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 and telephone system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a disaster recovery plan in place to guide staff through arrangements in the event of dealing with the impact of a major incident; such as power failure or building damage. The plan was available to partners and senior staff off-site and included appropriate contact details for emergency services, utility services and emergency contact numbers for staff. The practice had negotiated reciprocal support arrangements with neighbouring services.



# 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 systems in use at the practice, intended to keep all clinical staff up-to-date, did not appear to be robust. We saw for example, that minutes from clinical meetings did not always identify when specific alerts or updates had been discussed or if any changes should be introduced as a result of the updates.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice received information from the CCG on A&E attendance, emergency admissions to hospital and outpatient attendance levels. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### 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 92% of the total number of points available. The CCG average was 93%, with the national average 95%

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 similar to the national average. For example, 87% of patients on the diabetes register had a foot examination and risk clarification within the preceding 12 months, which was comparable to the local CCG average of 91% and national average of 88%.

- Performance for mental health related indicators was overall, again, broadly similar to local and national average. For example 92% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan, which compared well against the local CCG average of 86% and the national average of 88%.

The practice exception reporting rate was 14% which was slightly higher than the CCG average and national average of 9%. (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). The practice had a system for recalling patients on the QOF disease registers and had a lead GP responsible for QOF. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being excepted.

There was evidence of continual clinical improvement including clinical audit.

- In the last 24 months 18 completed audit cycles have been completed, including breast cancer audit, unplanned admissions audit and a minor operations audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, the practice had completed breast cancer screening audits in 2012 and 2015 (a two cycle audit). Following the audit the practice implemented changes to the way they followed-up patients who did not attend their appointment. These changes brought about improvements in screening rates from 77% to 79% attendance levels.

### 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 and data protection.



# Are services effective?

## (for example, treatment is effective)

- Staff learning and development was supported by a varied programme of developmental and refresher training, including health and safety and infection prevention and control
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

and updated for patients with complex needs. We saw for example that the practice facilitated meetings with the managers from the two care homes where they provided services to the people who lived in the homes.

### Consent to care and treatment

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

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

The process for seeking consent was monitored through patient records audits. However, we also found that not all staff had a clear understanding of the requirements to check parental rights responsibilities with patients, when young children were brought into the surgery, for example in situations of extended families.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had recorded 1906 patients as smokers and 1810 of these had been offered intervention and smoking cessation advice within the previous 24 months. One hundred and two patients had accepted the intervention, with others signposted to alternative relevant services.
- The practice was also host to a number of complimentary services, including community ear, nose and throat outreach clinic, physiotherapy, community psychiatry nurses and voluntary based services.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG and national average of 74%. There was a policy to offer telephone

## Are services effective? (for example, treatment is effective)

reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

- 56% of patients age between 60 and 69 years had been screened for bowel cancer in the last 30 months, which was the same as the CCG average and very similar to the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 96% and five year olds from 93% to 95%. These figures were broadly similar to CCG averages which ranged from 81% to 95% and 89% to 95% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years, with 240 checks completed within the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 28 Care Quality Commission patient comment cards we received included positive observations about the service experienced. Some comments identified that the patients felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was, generally, slightly below local and national averages satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice should look to continue to improve patient satisfaction outcomes.

### Care planning and involvement in decisions about care and treatment

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

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

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients be 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 saw notices in the reception areas informing patients this service was available.
- A selection of information leaflets was available in easy read format.
- Staff had access to web available sign language interpretation facilities.

## Are services caring?

- Plans had been discussed to access braille reader facilities in partnership with other interested practices.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

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 222 patients as

carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had systems in place to identify if patients were carers, including questions on the new patient registration form.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice also had access to a dedicated counselling 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 Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, we saw that the practice used benchmarking data to monitor and review prescribing at the practice and levels of antibiotic prescribing had been reduced to below CCG average levels. Additionally, a GP at the practice is a member of the CCG.

- The practice offered appointments from 07.00 on Tuesday, Wednesday and Thursday designed for patients who worked away from the area. Many patients were daily commuters to London and early appointments allowed easier access and meant patients did not have to take time off from work.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 8am to 6.30pm everyday Monday to Friday. With extended hours are provided on Tuesday, Wednesday and Thursday, when the practice was open from 7am to 6.30pm. Additional appointments are also offered every Saturday, from 8.30am to 11.30am.

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

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 34% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

However the two patients we spoke with on the day of the inspection that they were usually able to get appointments when they needed them. The practice was aware of the low response rate regarding telephone access and had taken steps to address this area of performance, by introducing on-line booking and making additional staff available at peak call times when possible.

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.

We saw that information was available to help patients understand the complaints system. For example, the practice had a poster and information displayed in the reception and waiting areas. Information was also included on the website and patients were actively encouraged to provide feedback, including positive comment as well as complaints.

- We looked at three complaints received in the last 12 months and found the practice had dealt with the concerns in a timely and objective way. Where the practice recognised that a mistake had been made or patients were not satisfied an apology had been

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

appropriately given. Where relevant lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care.

- For example, following feedback from patients about a perception that reception staff were asking clinically based questions when making arrangements for

appointments, the practice undertook a period of information sharing and improving communications, so that patients were aware of the questions pathway the staff were required to follow when making appointments. It was hoped this initiative would raise levels of patient awareness and understanding about the appointment booking process.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a declared vision to deliver the best clinical outcomes and highest quality care in a safe, friendly, well-led environment.

- The vision was augmented by details of the values important to the practice partners and this was displayed on the practice website. The vision was shared with staff and was displayed throughout the practice.
- The practice did not have a formal written strategy or supporting business plans. Instead developmental options were routinely discussed at partners meetings and noted in the minutes from those meetings. The partners recognised and acknowledged the benefits from having a formal, stand-alone, strategy to identify longer and short-term objectives. The concurrent development of a business plan would enable the senior partners and managers to evaluate the costs and benefits of various options and to monitor progress against already agreed strategic targets.

### Governance arrangements

The partners within the practice had set out to create a flatter management structure and to reduce the hierarchical divisions. The practice had a clear organisational structure, which was clear and known to staff.

The organisational arrangements outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Partners and senior managers were aware of the performance of the practice was maintained
- A programme of clinical audit and administrative review was used to monitor quality of service delivery and to make improvements.
- There were arrangements available for identifying, recording and managing risks, issues and implementing mitigating actions. However, those in relation to managing safety alerts and medicine reviews would benefit from being more robust.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to ensure management and delivery of services to appropriately meet patients' needs.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and senior managers were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners had worked hard to encourage a culture of openness and honesty across the practice. The provider had created a separate duty of candour log, in which issues and incidents were recorded.

We saw that systems were in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology where appropriate.
- The practice kept written records of verbal complaints 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.
- 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. The partners also held events of a social nature away from the office and practice environment.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice
- Staff were involved in discussions about how to develop service delivery within the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.



# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG advised the practice on developments with the appointments booking system. They encouraged the introduction of the online booking system and assisted with the development and distribution of information to patients about the system.
- The practice had gathered feedback from staff through away days and through staff meetings, appraisals and discussion.

- Staff told us they had been encouraged to make suggestions and contributions were welcome. Opportunities to give feedback and discuss any concerns or issues with colleagues and management were available at team meetings, practice wide meetings or in one to one sessions.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in schemes to improve outcomes for patients in the area.

As a training practice there was an strong culture of learning and education. The practice had clear principles for engagement with development and learning opportunities encouraged across all staff groups and roles.

The practice had outline plans for ongoing development and expansion of services to meet expanding patient needs and potential changes in the structure to deliver services.