

Milton Keynes Village Surgery

Quality Report

Griffith Gate,
Middleton,
Milton Keynes
MK10 9BQ

Tel: 01908 393979

Website: www.mkvillagepractice.co.uk

Date of inspection visit: 13 September 2016

Date of publication: 25/10/2016

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

Ratings

Overall rating for this service	Good	
Are services safe?	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

Detailed findings from this inspection

Our inspection team	11
Background to Milton Keynes Village Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Milton Keynes Village Surgery on 13 September 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

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

We saw one area of outstanding practice:

- The practice was classed as a POCT (point of care testing) hub practice within the locality, and alongside six other practices was offering patients additional services not normally found within a GP setting. The practice was able to offer patients BNP testing for signs of heart failure. The practice was able to receive referrals from other practices across the locality to provide these services to patients outside their own practice population.

Summary of findings

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 learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation of events, and a written apology. They were told about any actions taken 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.
- The practice maintained effective working relationships with safeguarding partners such as health visitors.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.

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 largely at or above 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.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- 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.
- All patients had a named GP and the practice ran a personal GP list system in an effort to provide continuity of care.
- The practice had identified less than 1% of its patient population as carers and was actively working to identify more carers.

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 Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was classed as a POCT (point of care testing) hub practice within the locality, and alongside six other practices was offering patients additional services not normally found within a GP setting. The practice was able to offer BNP testing for patients at risk of heart failure.
- Patients said they found it easy to make an appointment and 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.
- A HIV quick test was available for all new patients registering at the practice (that met specified criteria).
- 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.
- An in-house Phlebotomy clinic ran daily enabling patients to have blood tests conducted locally rather than at the local hospital.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision to develop a happy and efficient practice team offering high quality, traditional, personal care in a modern setting. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 supported registered frail elderly patients in a local nursing home.
- The practice provided influenza, pneumonia and shingles vaccinations.
- An in-house phlebotomy clinic ran daily enabling patients to have blood tests conducted locally rather than at the local hospital.
- All patients over the age of 75 had a named GP.

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.
- Performance for diabetes related indicators was comparable to the Milton Keynes Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less (in the preceding 12 months) was 88%, where the CCG average was 76% and the national average was 78%.
- 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 more 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.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average and national averages 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.
- Family planning and contraceptive advice was available.

Working age people (including those recently retired and students)

Good



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 provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Pre-bookable appointments were available from 7am on Thursdays and between 6.30pm and 8pm on Mondays and Thursdays.
- Telephone consultations were available daily.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in 2015. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good



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.

Summary of findings

- 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 support groups and voluntary organisations.
- The practice held palliative care meetings in accordance with the national Gold Standards Framework (GSF) involving district nurses, GP's and the local Willen Hospice nurses.
- 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 had identified just less than 1% of the practice list as carers. The practice were making efforts to identify and support carers in their population.
- A member of staff had been trained as a Carers Champion.

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).

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% where the CCG average was 78% and the national average was 84%.
- All staff had received dementia awareness training.
- Performance for other mental health related indicators were above local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 97% where the CCG average was 86% and the national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E 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 July 2016. The results showed the practice was performing in line with local and national averages. 285 survey forms were distributed and 120 were returned. This represented a response rate of 42% (less than 1% of the practice's patient list).

- 92% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 60% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 164 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In particular patients commented on the welcoming approach of staff and their willingness to offer support beyond expectation. Some negative comments made alongside positive feedback referred to occasional difficulty booking an appointment and staff attitude.

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

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from April 2016 to August 2016 showed that 98% (972 of the 993 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Milton Keynes Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Milton Keynes Village Surgery

Milton Keynes Village Surgery provides a range of primary medical services, including minor surgical procedures from its location on Griffith Gate, Middleton in Milton Keynes.

The practice serves a predominantly White British population of approximately 13,700 patients, with gradually increasing populations of Ethnic minority patients from Eastern Europe and Asia. There are higher than average populations of males and females aged 0 to 19 years and 25 to 49 years, demonstrating a high working age population. There are lower than average populations of patients aged 20 to 29 years and 50 years to 85 years and over. National data indicates the area is one of low deprivation and low unemployment in comparison to England as a whole.

The clinical team consists of four male and two female GP partners, a nurse partner, a minor illness nurse, two practice nurses, a health care assistant and a phlebotomist. The team is supported by a practice manager and a team of administrative staff. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice is a training practice with two accredited GP trainers and two GP registrars (registrars are qualified doctors training to become GPs).

The practice operates from a two storey purpose built property and patient consultations and treatments take place on the ground level. There is a car park surrounding the surgery shared with the neighbouring pharmacy and dental practice, with designated disabled parking available.

Milton Keynes Village Surgery is open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments are available from 7am Thursdays and between 6.30pm and 8pm on Mondays and Thursdays.

The out of hours service is provided by Milton Keynes Urgent Care Services and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

At the time of our inspection, the registration of Milton Keynes Village Surgery with CQC to provide regulated activities was not accurate and the practice was not registered to carry out regulated activities for surgical procedures, as required under the CQC (Registration) Regulations 2009. Prior to our inspection the practice submitted an application to provide these services to ensure their registration with us is accurate.

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

Detailed findings

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

During our inspection we:

- Spoke with a range of staff including three GP partners, a minor illness nurse, the nurse partner, the phlebotomist and the practice manager.
- We spoke with patients who used the service.
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, when a patient did not receive an urgent test, as requested by the GP, due to an administrative error, the practice was prompt to investigate and remind relevant staff of the correct procedures to reduce the risk of recurrence.
- The practice maintained a log of significant events and they were discussed as a standing item on the agenda for weekly clinical meetings, to ensure that lessons learnt were shared and monitored. The practice carried out an annual analysis of significant events, identifying trends, areas for improvement and to highlight good practice.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that when an alert had been received regarding a type of diabetic test strip, the practice ran a search to identify affected patients and advise them of safety measures they needed to take as appropriate. We also saw evidence that an alert had been received regarding potential risks associated with a specific contraceptive implant. This was distributed to all relevant staff to ensure the most recent guidance was being followed. A copy of the alert was kept on a central file for staff to access if needed.

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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw evidence of support given to a vulnerable adult following the death of their spouse and carer. The practice ensured that appropriate agencies were contacted and the patient received additional care and support. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice on the television screen in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and clinical staff 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 had carried out a risk assessment to assess the risk to patients for non-clinical staff acting as chaperones without a DBS check. They had identified that these staff would not undergo DBS checks as they would not be left alone with patients. This was documented in their chaperone policy.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse partner was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw

Are services safe?

evidence that action was taken to address any improvements identified as a result. For example, following an audit the practice had replaced the floors in all clinical rooms.

- The arrangements for managing medicines, including 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 which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Milton Keynes 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. The nurse partner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster displayed in the staff stairwell which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and 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 (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment had been checked in August 2016 to ensure it was working properly.
- 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. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept remotely by the practice manager.

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 patients' needs. We saw evidence that a GP partner attended neighbourhood meetings with other practices where NICE guidance was discussed. They then shared the information with relevant staff at weekly practice meetings. Copies of NICE guidance were available to all staff on the shared computer drive.
- The practice ensured that their trainees were kept up to date with NICE guidance. For example, following an update to guidance for diabetes care, registrars were required to review the guidance and present the information at a team away day.

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 100% of the total number of points available.

Data from 2014/2015 showed other QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was comparable to the Milton Keynes Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less (in the preceding 12 months) was 88%, where the CCG average was 76% and the national average was 78%. Exception reporting for this indicator was 7% compared to a CCG average of 10% 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).

Performance for mental health related indicators was largely comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 97% where the CCG average was 86% and the national average was 88%. Exception reporting for this indicator was 11% compared to a CCG average of 18% and national average of 13%.

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months (01/04/2014 to 31/03/2015) was 150/90mmHg or less was 90% which was comparable to the CCG average of 81% and national average of 84%. Exception reporting for this indicator was 6% compared to a CCG average of 6% and national average of 4%.

There was evidence of quality improvement including clinical audit.

- There had been 29 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, in September 2015 the practice conducted an audit of asthma patients to monitor their inhaler use. They identified 35 patients who needed a review of their asthma care and provided additional support to these patients. The audit was repeated in March 2016 and only 15 patients were identified as needing further support and review.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example we saw that nursing staff and health care assistants involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.
 - 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.
 - In response to feedback received from patients the practice had invested in a bespoke training programme for staff, known as 'Delivering Service for Excellence'. This programme had been well received by staff and the practice had noted an increase in positive feedback received from patients following the training.
 - The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The appraisal system had been developed by an external company specifically for the practice and encouraged all staff to achieve key performance indicators. This encouraged a consistent and high standard amongst all staff, with a focus on patient centred, welcoming and responsive care. 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 in the last 12 months.
 - We noted that the practice closed on ten afternoons each year to provide protected learning time for staff.
 - 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.
- and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring 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 along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission. We saw that patients on this register and any others who had been recently admitted or discharged from hospital were discussed at monthly clinical meetings when needed. These patients were also prioritised for urgent access to a clinician if needed. At the time of our inspection there were 271 patients on the unplanned admissions register receiving this care.
 - The practice held regular multi-disciplinary team (MDT) meetings that made use of the Gold Standards Framework (for palliative care) to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, Willen Hospice nurses and local support services. A list of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. At the time of our inspection six patients were receiving this care.
 - The practice held regular safeguarding meetings, attended by GPs, the practice nurse and health visitor. Records were kept of discussions and action taken in relation to children at risk. Information from other agencies involved in safeguarding was also shared during these meetings.
 - All patients had a named GP as the practice operated a personal list system. This ensured that patients received continuity of care wherever possible.

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 computer system. This included care

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.

Are services effective?

(for example, treatment is effective)

- 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.
- Written consent forms were used for specific procedures as appropriate.

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. Patients were signposted to the relevant service.
- An external advisor provided smoking cessation advice to patients with the option to refer patients to local support groups if preferred.
- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and the national averages of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they

encouraged uptake of the screening programme by ensuring a female sample taker was available. Patients who failed to attend their appointments were followed up by the practice.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients who failed to attend screening appointments received a letter from the practice reminding them of the importance of attendance. Data published in March 2015 showed that:

- 60% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 56% and the national average was 58%.
- 74% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 76% and the national average was 72%.

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 67% to 99% and five year olds from 73% to 99%.

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. At the time of our inspection, from the period November 2012 to September 2016, the practice had conducted 1,819 health checks of the 4,225 patients eligible (43%). 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 164 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In particular patients commented on the welcoming approach of staff and their willingness to offer support beyond expectation. Some negative comments made alongside positive feedback referred to occasional difficulty when booking an appointment and staff attitude.

We spoke with the Chair of the Patient Participation Group (PPG) and five patients. 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 published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 82%.
- 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 90% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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. We also saw that care plans were personalised.

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

- 87% 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%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% 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, although these were rarely used due to the demographic of the patient population.
- Information leaflets were available in easy read format.
- A hearing loop was available for patients who suffered from impaired hearing.

Are services caring?

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 103 patients as carers (less than 1% of the practice list). In November 2015, the practice had recognised the need to identify more carers in their population and appointed a Carers Champion to act as the key point of contact for patients requiring additional advice and support. The practice was

also working alongside the local carer's charity, CarersMK, to ensure staff were trained and could signpost patients to appropriate support. There was a carer's noticeboard and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We saw that the practice's individual list system meant that GPs were usually familiar with patients and their families enabling them to offer personal support in times of difficulty and distress.

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. The practice was classed as a POCT (point of care testing) hub practice within the locality, and alongside six other practices was offering patients additional services not normally found within a GP setting. For example, the practice was able to offer patients BNP testing for signs of heart failure. The practice was able to receive referrals from other practices across the locality to provide these services to patients outside their own practice population. We saw evidence that since December 2013 the practice had undertaken 93 BNP tests.

- The practice offered D-dimer testing for patients. (D-dimer tests are used to rule out the presence of a blood clot). We saw evidence that since September 2015 the practice had undertaken 28 D-dimer tests for patients registered at the practice.
- A register of patients suffering from dementia was maintained and we saw that, between April 2014 and March 2015, 96% of these patients had received an annual review, (CCG average 78% and national average 84%). All staff had received dementia awareness training to ensure they were able to recognise and respond to the needs of these vulnerable patients.
- The practice offered appointments on a Thursday from 7am and evening appointments between 6.30pm and 8pm on Mondays and Thursdays for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who 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, including Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.

- There was a lift available for staff and patients who had limited mobility.
- We saw that staff had received training on female genital mutilation and that there was information for patients displayed in the practice.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- A HIV quick test was available for all new patients registering at the practice (that met specified criteria).
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This clinic had been well received by patients as it reduced the need for them to travel to secondary care for the service.
- Phlebotomy services were available daily, reducing the need for patients to attend secondary care for routine blood tests.
- The practice supported elderly patients in a local nursing home, providing weekly ward rounds to deliver medical services and advice.
- The practice hosted a community physiotherapist three times each week for patients registered at the practice. In addition outreach clinics for dermatology and ENT (Ear, nose and throat) services were also hosted as needed at the practice.
- The practice produced a newsletter for patients to provide information on services available and other areas of interest. The newsletter was available in hardcopy at the practice but also emailed out to all patients with a registered email address.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments for pre-booked appointments were available from 7am on Thursdays and between 6.30pm and 8pm on Mondays and Thursdays. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 79%.
- 92% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. 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 on the practice website, in the practice leaflet and in the reception area.
- The practice carried out an annual analysis of complaints to identify trends and areas of learning and improvement.

We looked at 25 complaints received since April 2015 and found they had been dealt with in an open and timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw evidence that following a complaint from a patient, additional training was offered to the nursing team, to ensure that correct infection control protocols were being followed. The patient also received a written apology from the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to develop a happy and efficient practice team offering high quality, traditional, personal care in a modern setting.

- The vision was recognised by staff, who knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw evidence of forward thinking to maintain the smooth running of the practice and ensure patient care was not compromised. For example, the practice had ceased to accept new patient registrations in December 2015 (with approval from NHS England and the Milton Keynes Clinical Commissioning Group) as it had reached its clinical capacity.
- The practice recognised that it had outgrown its premises and we saw evidence that the practice was in discussions with local stakeholders to expand their accommodation. We were told of plans to develop health services available to the local population once expansion plans were approved, including the provision of more community services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. A noticeboard in the staff stairwell displayed the organisational structure and various staff responsibilities. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the shared drive on the computer system. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and

Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people support, an explanation of events and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence of regular formal communications between the practice team. Away days were held on an ad hoc basis and the practice encouraged regular communication between staff at all levels.

Are services well-led?

Good 

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

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

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

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

- The practice had gathered feedback from patients 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, following a survey the PPG highlighted that patients were having difficulty accessing replacement batteries for their hearing aids. The practice was proactive in their response and arranged for batteries to be made available at the practice, both for registered patients and non registered NHS patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. Staff told us they felt involved and engaged to improve how the practice was run and spoke positively of their pleasant and supportive work environment.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was classed as a POCT (point of care testing) hub practice within the locality, and alongside six other practices was offering patients additional services not normally found within a GP setting. The practice was able to offer patients BNP testing for signs of heart failure. The practice was able to receive referrals from other practices across the locality to provide these services to patients outside their own practice population.

The practice was well regarded as a training practice and we saw that GP registrars had returned to become partners at the practice. We were told of plans for the practice to work with the Buckingham University Medical School and support a cohort of medical students in the future.

The practice had recognised existing challenges and potential future threats to its financial security and ability to continue providing services. In 2014 the practice joined a federation known as Roundabout Health. (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). Through collaborative working with other practices in the federation the practice had been able to secure its future.