

Central Milton Keynes Medical Centre

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection 02/2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Central Milton Keynes Medical Centre on 13 June 2018. This inspection was carried out 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 was 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.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- However, we found gaps in their safety and risk management systems, in particular, risks associated with staff performing chaperone duties without an appropriate background check had not been assessed. The practice undertook a risk assessment of staff performing these duties which was submitted to us following our inspection.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- The majority of patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

However, there were areas where the provider **should** make improvements:

- Undertake regular review and analysis of significant events and complaints to identify any trends and areas of risk or improvement.
- Follow up on actions identified in the legionella risk assessment.
- Continue to consolidate staff immunity records to ensure that the practice is operating in accordance with Public Health England guidance.
- Maintain a log of actions taken in response to all safety alerts received.
- Continue with efforts to encourage uptake of cancer screening services, in particular cervical screening.
- Develop a programme of regular clinical audit to ensure efficacy and improve outcomes for patients.
- Continue to identify and support carers in their population.
- Regularly review policies and procedures to ensure they remain fit for purpose.
- Consider formalising the practice's strategy in a documented business plan.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser.

Background to Central Milton Keynes Medical Centre

Central Milton Keynes Medical Centre provides a range of primary medical services, including minor surgical procedures, from its location at Bradwell Common in Milton Keynes. It serves patients who live in the Bradwell Common, Heelands, Oldbrook, Conniburrow, Bradwell Village, Campbell Park and Loughton areas of Milton Keynes. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). 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 serves a population of approximately 19,000 patients with slightly lower than national average populations of patients aged over 65 years. The practice population is largely White British, with 33% of the practice population being from Black and Minority Ethnicity backgrounds.

Information published by Public Health England, rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.


The clinical team consists of four male GP partners, four female GP partners, one salaried GP (female) seven

practice nurses (female), three health care assistants (female) and two phlebotomists (female). The team is supported by a practice manager and a team of non-clinical, administrative staff. The practice also employs a care coordinator (former District Nurse) and a paramedic to support the clinical team. Members of the community midwife and health visiting team operate regular clinics from the practice location. Trust community staff (District nurses) are also based at the premises. The practice is a training practice and accepts registrars every year. (Registrars are fully qualified and registered doctors training to become GPs). At the time of our inspection there was one male GP registrar in training. The practice employs two regular male locums when additional clinical cover is required.

The practice operates from a two-storey purpose built property. Patient consultations and treatments take place on the ground level. There is a large car park outside the surgery, with disabled parking available. There is a pharmacy and a dental practice situated on the same site but not attached to the practice.



Central Milton Keynes Medical Centre is open between 8am and 6.30pm Monday to Friday. The out of hours service can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.



The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse, however some systems needed strengthening.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff we spoke with were able to recall safeguarding concerns that had been raised and we saw records were maintained and shared appropriately as needed.
- Staff who acted as chaperones were trained for their role and whilst all clinical staff had received a Disclosure and Barring Service (DBS) check, not all non-clinical staff had. (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 not formally assessed risk for staff who chaperoned in the absence of a DBS check.

The practice informed us that they would undertake a risk assessment for all staff lacking a DBS and request DBS checks where needed as a matter of priority. We were informed that only staff with DBS checks would continue to chaperone until the risk assessments and additional DBS checks had been undertaken. The day after our inspection the practice advised that they had arranged for the DBS checks to be undertaken on 21 June 2018. We were sent evidence that a risk assessment had also been undertaken.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- There was an effective system to manage infection prevention and control (IPC). The lead nurse had recently been appointed as the IPC lead following the retirement of her predecessor. The practice planned for the nurse to attend an advanced training course to ensure competency in her new role.
- The practice was in the process of consolidating immunity status for all staff. We saw that all staff had been asked to clarify their immunity status and whilst

reports were kept verifying the immunity status of clinical staff this was not the case for all non-clinical staff. The practice advised that they would request formal reports for all staff to ensure risks to patient and staff safety were minimised.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice used a buddy system to ensure there was adequate cover for all staff roles and staff informed us that there were satisfied with the cover arrangements in place.
- There was an effective induction system for new staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice.
- We were informed that the practice had made the decision in January 2017 to restrict significant event recording to unexpected deaths, near deaths and C.difficile infections (C.difficile is a serious gastrointestinal infection). The practice had made the decision in line with the locality revised policy guidelines on serious incident recording and the NHS serious incident framework.

Track record on safety

We reviewed the practice's track record on safety.

- There were comprehensive risk assessments in relation to health and safety issues, including COSHH and Fire safety. However, the practice was unable to locate their Legionella risk assessment on the day of our inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice informed that they flushed all taps on a regular basis including outlets that were not used very often, however temperature checks were not done nor were records kept. The practice informed that they had been advised by a plumbing professional, following risk assessment that they did not need to check the water temperatures within the practice. The practice informed us that a new risk assessment had been booked the week before our inspection to be undertaken on 21 June 2018. This had been arranged due to changes made to the water system in preparatory work undertaken ahead of the practice's extension.
- The practice monitored and reviewed activity for example through review of significant events, complaints and safety alerts as they occurred. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- Staff we spoke with advised that all incidents were dealt with as they occurred and where necessary learning was shared to drive improvement both within the practice and the locality. For example, we were told that following an incident regarding the over prescribing of oral nutritional supplements the practice liaised with the Clinical Commissioning Group (CCG) to drive improvement. A dietician visited the practice to facilitate an education session for clinicians on infant feeds. The practice did not maintain records of incidents like these. We were told that the practice took a proactive response to dealing with concerns and incidents and that communication between the practice team was consistent, enabling them to adopt new systems and make changes when needed very quickly. We were provided with additional examples of such changes on the day of the inspection through our conversations with staff.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw that the lead nurse kept a log of safety alerts that she actioned, however the practice did not maintain an overall log of all alerts. We saw through emails kept by the practice and by reviewing searches made within the clinical system that safety alerts were actioned appropriately as needed. On the day of our inspection the practice informed us that they would develop an electronic log of all safety alerts with records of actions taken as a matter of priority.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall .

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had two diabetes nurses trained to initiate insulin. We saw patient medications were routinely reviewed during their review appointments and changed where necessary in accordance with up to date NICE guidance.
- Additional training was provided when needed. For example, following an update to NICE guidance the practice held a training session on antenatal care for clinicians led by a midwife.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had invested in technologies to improve care. For example, the practice used software to help manage anticoagulation treatment in patients to ensure accurate decision making.
- We were told that the practice had recently invested in external consultancy services to enable them to perform a data cleanse and ensure that they were utilising their data and IT systems effectively in improving outcomes for patients. (A data cleanse is the process of detecting and correcting corrupt or inaccurate records from a record set).
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. The practice care coordinator and paramedic provided health and welfare checks for this group of patients.

- The practice offered a health check to patients aged over 75 years where indicated. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, nurses received advanced training in chronic obstructive pulmonary disease (COPD), insulin initiation and asthma management.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to offer patients on-site BNP testing to identify signs of heart failure, this service was available to registered patients and those referred from across the locality. (A B-type natriuretic peptide (BNP) blood test measures the levels of a particular hormone in your blood to check how well the heart is working).
- Adults with newly diagnosed cardiovascular disease were offered statins, which are medicines that reduce levels of cholesterol in the blood and help reduce the risk of exacerbation of cardiovascular disease. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.
- The practice's performance on quality indicators for the management of patients with atrial fibrillation at risk of

Are services effective?

experiencing a stroke was above average. They pertained this to the effective work undertaken by their clinical team in closely monitoring and supporting these patients.

Families, children and young people:

- Childhood immunisation uptake rates were largely in line with the target percentage of 90% or above. However, performance for two year olds receiving their PCV booster was slightly below average which the practice pertained to an administrative error as the immunisations were undertaken at the same time as the Hib/Men C booster; where performance was within the required range.
- Children with disabilities and their carers were offered health and wellbeing assessments.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice facilitated a weekly sexual health service provided by Milton Keynes Teaching hospital.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was below the target set for the national screening programme. The practice was aware of its lower performance in this area and pertained it to both the transient patient population and the cultural beliefs of many of its patients. We saw that the practice had taken a proactive approach in trying to improve uptake of cervical screening. For example, the practice had held an education and promotion event at a local religious centre to encourage women to participate in the programme.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice had taken part in a pilot scheme offering all new patients blood borne virus screening.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 118 health checks in the 12 months preceding our inspection and 1,514 since

they began undertaking health checks in December 2010. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- One of the GP partners specialised in treating patients with alcohol and drug dependencies.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for some areas of mental health was above local and national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided which included where appropriate participation in local and national improvement initiatives. For example:

Are services effective?

- Through joint work with the Clinical Commissioning Group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).
- Through participation in the Quality Outcome Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice.)
- We saw that the practice was above average in an area of QOF relating to the percentage of patients with atrial fibrillation who were being monitored for their risk of having a stroke. They ascertained this to the effective work of their clinical team responsible for the management of patients with long term conditions.
- Similarly, performance for routinely reviewing patients with dementia was above average. The practice advised that the care coordinator and the paramedic worked with the GPs to manage dementia patients. They ensured a holistic approach to the care provided.
- The practice was able to provide evidence that the health and welfare checks for vulnerable and elderly patients were having a positive impact on the number of patients attending A & E. For example, despite an increase in the practice list size, between April 2017 and April 2018 the practice had seen a noticeable decrease in the number of patients attending A & E services.
- The practice did not have a programme of regular clinical audit. We saw that the last full cycle audit was complete in 2015. We were advised by the practice that due to challenges they had not been able to dedicate time to conducting regular audits but that they planned to improve this in the future. In particular, once recruited, it was envisaged that the practice pharmacist would support clinical audits.

The most recent published QOF results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 94%. The overall exception reporting rate was 11% compared with a national average of 6%. (Exception reporting is the removal of patients from QOF calculations

where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) *(Please note: Any QOF data relates to 2016/17.)*

We reviewed exception reporting for the practice and were satisfied that the practice was working in line with guidelines when excepting patients. We were told that patients received two letters and phone call from the practice before being excepted. We were informed that due to the transient nature of the practice's patient population it was often difficult to provide follow up and reviews to patients. We saw that for patients with learning disabilities the practice had adapted its recall procedures to encourage patients to attend for reviews, for instance by changing the invite to a pictorial form in an effort to improve understanding and encourage uptake.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. At the time of our inspection the lead nurse was planning to attend an infection control advanced training course to support her in her recently appointed role as infection control lead.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- In response to feedback the practice had invested in individual laptops for all GPs to enable more flexible working.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

- The practice had an innovative approach to its workforce. For example, it employed a paramedic and care coordinator to support the clinical team. At the time of our inspection the practice was also recruiting a pharmacist who would provide in-house support with medicines optimisation.
- The practice was aware of the need to increase its nursing team and had looked at ways of improving recruitment. For example, the practice had previously worked with the University of Northampton to provide support for trainee nurses. We were told that the practice was actively recruiting nurses at the time of our inspection.
- The practice had successfully trained nurses on the General Nurse to Practice Nurse course for two consecutive years.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice two-week referral rate for suspected cancer diagnosis was lower than the England average with a higher cancer detection rate.

- The practice advised that having the District Nursing team located on site had enabled them to develop effective working relations and improved outcomes for patients as they were able to access required support easily.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. The GPs operated a personal list system which enabled degree of familiarity with patients and ensured continuity of care where possible.
- The practice gave patients timely support and information.
- We reviewed data from the national GP patient survey published in July 2017. We noted that the practice was performing in line with local and national averages.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice was part of a general practice assess fund (GPAF) hub (consisting of six practices) providing extended access appointments to registered patients and those registered with other participating practices across the locality. This enabled patients to access pre-bookable GP appointments from 7am till 8am and from 6pm till 8pm Monday to Friday and from 8am to 8pm at weekends. The practice provided access at its location on Saturday afternoons from 12pm till 5pm.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and paramedic also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were

being appropriately met. The practice aimed to review patients with multiple conditions at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice facilitated the pre-diabetic education service, providing space for the service to run within the practice. The practice opened longer in the evening to accommodate the service.
- The practice had a 'surgery pod', to enable self-checking of patients' blood pressure, weight and completion of health surveys. The pod was linked to the practices' computer patient record system and had 21 multiple language options. Test results would be interpreted by the nurse and patients were called for further review when needed.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- One of the GPs had recently undertaken specialist family planning training and the practice had increased the provision of family planning clinics as a result.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, access to extended opening hours and Saturday appointments.
- The practice actively promoted on-line services and at the time of our inspection over 60% of patients were registered for online services, in comparison to the national average of 23%.
- The practice also used Mjog technology to enable two-way digital communications with patients.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice provided health care services for adult social care independent living accommodation schemes within the catchment area as well as for patients living in sheltered accommodation. Both the paramedic and the care coordinator visited the six sheltered accommodations on a regular basis and the practice had provided flu vaccinations to all tenants in the last year.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients suffering from ongoing mental health conditions were offered ongoing support and structured annual reviews with the GPs.
- The practice was piloting a scheme which provided on-site facilities once a week for a mental health nurse to support patients with mild to moderate mental health issues. Under the scheme the practice had access to a consultant psychiatrist for advice.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. We were told that, in response to patient feedback reflecting difficulties accessing appointments via the telephone, the practice had installed a new telephone system, increasing the number of available lines from six to 20. The practice had also enabled telephones to be answered in the first floor offices and increased staff answering the phones at busy times. The practice planned to further improve the telephone system as part of its expansion works in an effort to meet patient demands.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints as they occurred. However, the practice did not undertake a routine analysis of complaints to identify trends. It acted as a result to improve the quality of care. For example, when a complaint was received from a patient about a prescription error the practice reviewed its process and provided refresher training to staff to reduce the risk of recurrence.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service:

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality, sustainable care.

- Staff were able to describe the vision and values. The practice had a realistic strategy which was demonstrated in our discussions with members of the leadership team. However, the practice did not maintain a formal documented business plan. We saw evidence that strategic aims were realised, for example through the successful acquisition of funding to enable practice expansion and development.
- Staff we spoke with understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety however some of these needed expanding to provide assurance. For example, the practice did not maintain formal records to evidence the immunity status of non-clinical staff. The practice did not have a system to record all incidents or events occurring that impacted on patient or staff safety or that lead to changes and/or improvements as a result of learning.

Managing risks, issues and performance

We reviewed the processes for managing risks, issues and performance.

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- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety, however there were gaps in these processes. For example, the practice could not demonstrate that they were adequately managing risks associated with Legionella.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. However, on the day of our inspection the business continuity plan for the practice was out of date and had not been reviewed since 2012. Immediately following our inspection, the practice submitted an updated plan to accurately reflect the action to be taken in cases of adverse incidents.
- The practice did not undertake regular reviews of significant events or complaints to identify trends or areas of learning and improvement. The practice advised that they planned to start conducting a trend analysis, however we saw no evidence of this at the time of inspection.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) who were encouraged to support the practice in development and improved outcomes. We were provided with examples of improvements facilitated in collaboration with the PPG, for example, improvements to the telephone system, website and design of the proposed patient survey.
- There was a staff feedback box and staff were encouraged to speak up and be involved in improving the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice was actively involved in local pilot schemes to improve health services for registered patients and those across the broader locality. For example, the practice was facilitating a mental health nurse once a week as part of a pilot scheme to improve access to mental health services. The practice also advised that they were involved in a Macmillan pilot with the aim to improve outcomes for people on the end of care clinical pathway. Although the pilot aimed to improve outcomes for patients, the practice was unable to demonstrate positive outcomes or provide evidence of this at the time of our inspection.
- The practice had a large room on the first floor which was used for health education. They were keen to utilise

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the space to improve access across the locality and hosted an array of regular events, including pre-diabetic education, locality meetings and mother and baby clinics.

- The practice used innovative working arrangements to improve patient care. For example, through the employment of the paramedic and care coordinator to provide health and welfare checks, triage services, home visits and carer support.
- Staff knew about improvement methods and had the skills to use them.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Although we saw some evidence of quality improvement activity, we found that the practice did not have a programme of regular clinical audit.

Please refer to the evidence tables for further information.