

# Sovereign Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sovereign Medical Centre on 1 August 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. However systems for managing safety alerts and actions taken in response to them required improvement.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Results from the most recent national GP patient survey showed patients rated the practice higher than others for all aspects of care. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

# Summary of findings

- The provider was aware of the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice made efforts to respond to the needs of its minority populations. The practice had recognised that patients of South Asian origin were not utilising health services appropriately. The practice organised a health promotion event at a local community hall and invited people of south Asian origin to attend. The practice engaged with other local services such as the police and public health departments to enable them to also reach out to these populations. The practice had continued to facilitate and support these meetings weekly for the last ten years.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients. In particular, newly developed systems for managing safety alerts must be implemented effectively and recruitment checks must be completed for all staff.

The areas where the provider should make improvement are:

- Monitor newly developed systems to manage patients taking high risk medicines to ensure they are working effectively.
- Ensure that staff complete all mandatory training in a timely manner and have adequate protected time within which to do so.
- Develop systems to identify and support more carers in their patient population.

**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 requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received support, an explanation of events and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- Although most risks to patients who used services were assessed, systems and processes for handling safety alerts were not robust. Whilst there was evidence that some alerts had been actioned, the practice could not demonstrate that they had taken appropriate action in response to all safety alerts received. The practice took immediate action following our inspection to develop new protocols and systems for managing alerts to ensure patients were not at risk.
- There were appropriate systems in place to protect patients from the risks associated with medication and infection control. Although the practice recognised the potential to improve systems for monitoring patients taking high risk medicines; implementing a new protocol for managing these patients immediately following our inspection, to ensure risks were minimised.
- We noted that for one recently recruited clinical member of staff the practice had not requested a new Disclosure and Barring Service (DBS) check and had accepted a DBS undertaken by a previous employer, dated October 2016. Following discussions on the day of inspection the practice informed us that they would request a new DBS check for the individual. We were sent evidence shortly after our inspection confirming that this had been done.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were largely comparable to Clinical Commissioning Group (CCG) and national averages.
- 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.
- We noted that some staff were overdue their update training for safeguarding. However staff we spoke with demonstrated a good understanding of their responsibilities with regard to safeguarding vulnerable adults and children and a schedule was in place for all outstanding training to be completed by the end of August 2017.
- 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, including the community District Nursing Team based on site.
- 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.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the most recent national GP patient survey showed patients rated the practice higher than others for all aspects of care. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Feedback from patients about their care and treatment was consistently and strongly positive. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieve this.
- We observed a strong patient- centred culture with evidence that the practice staff had worked to ensure patient care was not compromised during periods of disruption in the practices' own staffing levels. We saw evidence that patients were treated as individuals and that care was tailored to their needs, including those with complex medical needs.
- Information for patients about the services available was accessible.

**Good**



# Summary of findings

- The practice held weekly coffee mornings for elderly patients, during which patients could not only socialise with others but also receive any required care or treatment from the surgery. This was particularly beneficial for patients who were isolated or housebound.
- Staff informed us that the practice attempted to offer a personal service to all patients including those requiring end of life care.
- The practice had identified less than 1% of patients as carers and was continuing with efforts to ensure all carers within their population were identified and supported. We saw that a member of staff had trained as a Carers Champion.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice made efforts to respond to the needs of its minority populations as well as the wider practice population. The practice had recognised that patients of South Asian origin were not utilising health services appropriately. The practice organised a health promotion event at a local community hall and invited people of south Asian origin to attend. The practice engaged with other local services such as the police and public health departments to enable them to also reach out to these populations.
- 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 offered a range of enhanced services such as avoiding unplanned admissions to hospital and diabetic reviews.
- Patients we spoke with 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.
- 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.

**Outstanding**



# Summary of findings

- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This service was well received by patients as it reduced the need for them to travel to secondary care for the service.
- A phlebotomy service was available Monday to Friday, reducing the need for patients to attend secondary care for blood tests to be undertaken.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to provide excellent care to its community of patients. 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Although systems for managing safety alerts and ensuring all clinical staff received the required background checks needed improving.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. We were told that practice team meetings had been limited due to pressures on the service and constraints on time. Following discussions on the day of our inspection we were told that the partners would be closing the practice as per the locality agreed rota, to provide staff with protected time for learning and to facilitate practice meetings.
- 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 (PPG) was active.
- The leadership, governance and supportive culture of the practice was used to drive and improve the delivery of good quality person-centred care.

# Summary of findings

- The partners, along with the practice manager encouraged a culture of integrity, care and compassion both within their team and towards patients.
- We saw that the practice demonstrated resilience and was proactive in overcoming challenges, for example through successful recruitment of long term locum GPs and two paramedics to improve accessibility.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a weekly ward round at a residential care home for patients with advanced memory impairment and general frailty.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice provided influenza, pneumonia and shingles vaccinations.
- One of the GPs facilitated a weekly surgery at a local retirement village to enable residents with limited mobility to have their needs met.
- The practice facilitated a coffee morning every Monday for elderly patients and those that had been identified by the GPs as being lonely and potentially isolated.

### People with long term conditions

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

Good



- Specialist nurses for long term conditions led chronic disease management clinics supported by GPs and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the

# Summary of findings

register, in whom the last measured total cholesterol reading showed good control in the preceding 12 months, was 81%, where the CCG average was 81% and the national average was 80%.

- Longer appointments and home visits were available when needed.
- A recall system was utilised to manage these patients.
- Patients with long term conditions benefitted from continuity of care with their GP or nurse. 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.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting).

## Families, children and young people

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

- From the sample of documented examples we reviewed 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 A&E attendances.
- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- A range of contraceptive and family planning services were available. This included coil insertion and contraceptive implants.

Good



# Summary of findings

- The practice organised a health promotion event at a local community hall and invited people of south Asian origin to attend, this enabled them to provide families with information on a range of services including antenatal care for women.

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

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

- The needs of these populations 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, extended opening hours and Saturday morning appointments.
- The practice provided telephone consultations daily.
- 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.
- The practice encouraged the use of the on line services to make it easier to book appointments and order repeat prescriptions.
- The practice encouraged screening for working age people such as bowel screening and cervical screening. For example, 77% 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 73%.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. At the time of our inspection, the practice had identified 75 patients with a learning disability.
- The practice held palliative care meetings in accordance with the national Gold Standard Framework (GSF) involving district nurses, GP's and the local hospice nurses.
- 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 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.

Good



# Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 provided care for residents in a local learning disability facility. Many of these patients had multiple and complex conditions and were offered extended appointments. GPs visited any of these patients who were not able to attend the practice themselves. All of the patients in this local facility had received an annual review.

## 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 practice provided dementia screening for patients identified as at risk.
- There were 82 patients on the dementia register of which 60 had been reviewed between April 2016 and March 2017 (73%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators were comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 90% where the CCG average was 89% and the national average was 89%.
- The practice provided a weekly ward round at a residential care home for patients with advanced memory impairment and general frailty.
- The practice held a register of patients experiencing poor mental health and invited them to attend annual reviews. 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.

Good



## Summary of findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published on 7 July 2017. The results showed the practice was performing consistently above local and national averages. 247 survey forms were distributed and 115 were returned. This represented less than 1% of the practice's patient list (a response rate of 47%).

- 97% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 96% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 96% 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 the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 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 caring nature. Patients said that GPs took time to listen to them and staff were accommodating of patient requests where possible. Two negative comments made alongside positive feedback referred to occasional difficulty booking an appointment.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two of these patients also stated that they found there was occasional difficulty booking routine appointments when needed.

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 June 2017 showed that 96% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice (52 responses received of which two did not answer).

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients. In particular, newly developed systems for managing safety alerts must be implemented effectively and recruitment checks must be completed for all staff.

### Action the service **SHOULD** take to improve

- Monitor newly developed systems to manage patients taking high risk medicines to ensure they are working effectively.
- Ensure that staff complete all mandatory training in a timely manner and have adequate protected time within which to do so.
- Develop systems to identify and support more carers in their patient population.

## Outstanding practice

- The practice made efforts to respond to the needs of its minority populations. The practice had recognised that patients of South Asian origin were not utilising

health services appropriately. The practice organised a health promotion event at a local community hall and invited people of south Asian origin to attend. The

## Summary of findings

practice engaged with other local services such as the police and public health departments to enable them to also reach out to these populations. The practice had continued to facilitate and support these meetings weekly for the last ten years.

# Sovereign Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Sovereign Medical Centre

Sovereign Medical centre provides a range of primary medical services from a purpose built premises at Pennyland in the city of Milton Keynes. The practice has approximately 11,000 patients from a diverse socio-economic and racial background; although the practice population is predominantly white British. There are larger than average populations of patients aged 30 to 39 years and lower than average populations aged from 20 to 24 years and from 70 to 84 years. National data indicates the area served is less deprived in comparison to England as a whole.

The practice has experienced some ongoing difficulties, with regard to clinical staffing levels and managing the demand for services. Following the closure of another local GP practice, Sovereign Medical Centre registered an additional 2,000 patients over a two week period in 2013. Following a 12 month period of consolidation, three of the five previous GP partners left between June and September 2014. The remaining two partners continued providing services, with the support of locums, whilst they recruited more GP partners. Despite consistent efforts to recruit and retain GPs the practice has only managed to secure one additional partner and is still heavily reliant on GP locums.

The clinical staff team now consists of two male and one female GP partners, six practice nurses, two health care assistants, two paramedics and a phlebotomist. The team is supported by a practice manager and a team of administrative support staff. The practice holds a GMS contract for providing services; a nationally agreed contract between GP Practices and NHS England.

The practice is open from 8am to 6.30pm Monday to Friday. In addition to these times, the practice operates extended hours on Tuesdays and Thursdays from 6.30pm to 8pm and from 9am to 11.45am on Saturdays. At the time of our inspection we were told that the practice had reached full capacity and was not accepting new patient registrations.

Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service.

## Why we carried out this inspection

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

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 1 August 2017. During our inspection we:



# Detailed findings

- Spoke with a range of staff including a GP, two practice nurses, the paramedic, the practice manager and members of the administrative team.
- Spoke with patients who used the service.
- Observed how staff interacted with patients in the reception area.
- 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 living 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 a system 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 and in the reception office. 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that when a concern was raised regarding disclosure of a patient's personal information, a thorough investigation was undertaken. The clinician involved was encouraged to reflect on their practice and highlight any areas for improvement and development. Evidence of learning and improvement was clearly documented and shared with the practice to reduce the risk of recurrence.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. During the course of our inspection we found that the system for handling and recording alerts was not reliable. Whilst we saw evidence that some alerts had been received and actioned accordingly, the practice failed to demonstrate that all relevant alerts had been handled appropriately. For example, we saw that appropriate action had been taken in relation to an alert for a medicine used to control migraines and epilepsy. However, the practice was not able to readily demonstrate that they had reviewed and actioned other

recent safety alerts. An alert issued in February 2016 had advised practices to undertake more frequent blood tests (three monthly) on patients taking two specific medicines to ensure their potassium levels were stable. Upon investigation we found that this had not been actioned for the five patient records we reviewed. Although we did note that the blood tests taken for these patients did demonstrate normal potassium levels for all five patients.

There was no evidence that alerts were discussed regularly at practice meetings and some staff we spoke to could not recall recent alerts issued. On the day of inspection the practice realised that due to changes to their email addresses they had not been receiving recent alerts. Immediately following our inspection, the practice provided reassurance that they had developed a system to ensure all safety alerts were received, recorded and handled appropriately by a suitable member of the team. We were informed that the practice intended to run a historic search of all safety alerts and take necessary action to ensure patients were not at risk. The practice advised they had developed a new system for recording all actions taken in response to safety alerts received. They also informed us that they intended to discuss safety alerts as a standing item on the agenda for practice meetings.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities with regard to safeguarding children and vulnerable adults relevant to their role. We noted that training certificates were not available for all non-clinical staff on the day of inspection. The day after our inspection we were sent evidence of training

# Are services safe?

certification and a schedule for completion for any staff overdue their annual safeguarding training. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- A notice in the waiting room and in clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We were informed that only clinical staff performed chaperoning duties.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean, tidy and well maintained. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the most recent audit completed in July 2017 had identified the need to remove some personal items from 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.

- We reviewed the system in place to assess and manage risks to patients on high risk medicines. The practice operated a system which ensured patients were reminded to have the necessary checks including any blood tests to keep them safe. We noted that the system was reliant on GPs checking individual patient records when repeat prescriptions were requested. As there was no routine monitoring of all patients taking high risk medications there was a risk that some patients may not be taking their medicines appropriately (not requesting repeat prescriptions in a timely manner). The

records we reviewed demonstrated that the majority of patients were receiving appropriate checks in a timely manner. However, following discussions on the day of our inspection the practice updated their protocol for managing these patients. The new protocol ensured that all patients were routinely reviewed and systematically monitored to ensure they were taking their medicines safely and appropriately.

- There were processes for handling repeat prescriptions. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the NHS Milton Keynes Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed two personnel files and found the majority of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications and registration with the appropriate professional body. We noted that for one recently recruited clinical member of staff, the practice had not requested a new Disclosure and Barring Service (DBS) check and had accepted a DBS undertaken by a previous employer, dated October 2016. We were advised that the practice had sought advice on this and had risk assessed that, as the individual was undertaking the same role, a repeat DBS was not required. However, following discussions on the day of inspection the practice informed us that they would request a new DBS check for the individual. We were sent evidence shortly after our inspection confirming that this had been done.

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

## Are services safe?

- There was a health and safety policy available with a poster displayed in the reception office which identified local health and safety representatives.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a designated fire marshal within the practice who had undertaken additional training to fulfil the role. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. 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 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site by the practice manager and one of the GP partners.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of 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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

### 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 93% of the total number of points available. The practice had a lead member of staff for QOF and held regular meetings to discuss QOF performance.

Data from 2015/2016 showed QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last measured total cholesterol reading showed good control in the preceding 12 months, was 81%, where the CCG average was 81% and the national average was 80%. Exception reporting for this indicator was 16% compared to a CCG average of 16% and national average of 13%. (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 in line with local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 90% where the CCG average was 89% and the national average was 89%. Exception reporting for this indicator was 16% compared to a CCG average of 17% and national average of 13%.
- Mental health reviews were undertaken at home or within care settings as required if patients were unwilling or unable to attend the practice.

The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/16) was 92% which was comparable to the CCG average of 91% and national average of 89%. Exception reporting for this indicator was 14% compared to a CCG average of 13% and national average of 12%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both 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 2016 the practice conducted an audit of patients prescribed anticoagulant medications who were suitable for transferral to alternative anticoagulants that required less monitoring. (Anticoagulants are medicines used to prevent blood from clotting). In 2016 an audit identified that of the 42 eligible patients none had received information on the alternative medicines available. The practice endeavoured to improve this and in June 2017 a reaudit demonstrated that 36 of the 42 patients had received the required information and 10 patients had transferred to alternative medicines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We were told that due to clinical staff shortages the practice had been unable to undertake as many audits as they had done historically and that they hoped to increase auditing as their clinical team stabilised.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, including locums. All new staff received a tailored induction pack which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke to recently appointed staff who informed us that they felt well supported in their roles and that they had received a comprehensive and valuable induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw that clinical supervision records were not always formalised for all staff and the practice recognised the need to ensure that all discussions were documented in future to help monitor and encourage development. All staff had received an appraisal within the last 12 months.
- The practice chose not to close on the ten afternoons each year allocated by the Milton Keynes Clinical Commissioning Group (CCG) to provide protected learning time for staff; as they were determined to ensure patients had access to their GPs. Following discussions on the day of our inspection we were told that the partners would be closing the practice as per the locality agreed rota, to provide staff with protected time for learning and to facilitate practice meetings.

- 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. We noted that some staff were overdue their update training for safeguarding. However staff we spoke with demonstrated a good understanding of their responsibilities with regard to safeguarding vulnerable adults and children and a schedule was in place for all outstanding training to be completed by the end of August 2017.

### 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 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.
- We saw that the community District Nursing team were based on the practice site and we were informed that this helped to facilitate effective communication and joint working to support vulnerable patients through instant access to each other.
- 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 clinical meetings when needed. Patients who were identified as at risk of unplanned hospital admission had access to a direct line to the practice and were guaranteed an appointment or a call back from a clinician as appropriate. These patients also had care plans in place. At the time of our inspection there were 181 patients on the unplanned admissions register receiving this care.



# Are services effective?

## (for example, treatment is effective)

- The practice held regular multi-disciplinary team (MDT) meetings that made use of the Gold Standards Framework (GSF 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, 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 eight patients were receiving this care.
- The practice held regular bi-monthly safeguarding meetings with the health visitors, midwives and district nurses to discuss vulnerable patients and update records.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent forms were used for specific procedures as appropriate.

### Supporting patients to live healthier lives

- 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 were signposted to the relevant service.
- The health care assistant provided smoking cessation advice to patients through a dedicated weekly clinic; 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). We saw evidence that patients who did not attend (DNA) their appointments received reminder letters and/or a telephone call to further encourage attendance.

- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- The practice provided a variety of health promotion information leaflets and resources for young people. For example the provision of chlamydia testing.
- There were registers for patients with dementia and those with a learning disability. These patients were invited for an annual review. We saw the practice had developed its own tailored review forms for these patients. There were 75 patients on the learning disability register, of which 40 had been reviewed between April 2016 and March 2017 (53%). There were 82 patients on the dementia register of which 60 had been reviewed between April 2016 and March 2017 (73%). The practice was proactive in their attempts to recall patients with learning disabilities or dementia to offer them annual reviews.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 81%. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published for 2015/2016 showed that:

- 56% 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%.
- 77% 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 73%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice achieved above the required 90% standard for childhood immunisation rates between April 2015 and March 2016.

## Are services effective?

(for example, treatment is effective)

For example, 99% of children aged 1 year received their full course of recommended vaccinations and 95% of children aged 2 years received their Measles, Mumps and Rubella vaccination.

Patients had access to appropriate health assessments and checks. These included new patient health checks and NHS

health checks for patients aged 40–74 years. During the period April 2013 to July 2017, the practice had conducted 1,715 health checks of the 3,404 patients eligible (50%). 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 38 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.

We spoke with seven patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the most recent national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was significantly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 98% 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%.
- 98% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Despite difficulties the practice had experienced with regard to staffing, there were many long standing members of staff. We were told that staff and patients were familiar with each other which was beneficial to the practice's aim to provide compassionate care as staff were often able to recognise patients needs and appointment requirements.

We witnessed a strong patient centred culture with a focus on providing continuity of care and excellent service to patients. We saw evidence that the practice was well regarded within the local community and made efforts to support and engage with its local population.

### 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.

## Are services caring?

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 all above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% 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%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 87% 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 demonstrated a consistent approach to providing tailored care for their patients. Staff we spoke to were committed to supporting their patient population in a friendly and welcoming environment. There was a shared approach to providing compassionate care from all staff including locum GPs.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format and different languages if required.
- A hearing loop was available for patients who suffered from impaired hearing.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

We saw that there was a dedicated quiet room at the back of the practice for patients to use when they were experiencing difficulties, for example a recent illness or bereavement. Patients who were particularly distressed were able to utilise the rear exit located by the quiet room so that they did not have to walk through a busy reception area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (less than 1% of the practice list). We saw that efforts were made to support carers directly for example, by offering flu vaccinations and by offering appropriate referrals where needed. The practice worked with a local organisation for carers, MK Carers, and had historically ran a weekly coffee morning at the practice. However due to the decreasing number in attendance the meetings had been cancelled shortly before our inspection.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They had made efforts to increase the number of carers identified, for example by expanding the new patient registration form to encourage patients to identify themselves as carers. 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 and a sympathy card was sent. 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. There was a noticeboard in the reception office to alert staff if a patient had died to help ensure the family were supported and if the deceased had been a long standing patient at the practice, a member of staff from the practice would attend the funeral.



# 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 NHS England and Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and diabetic reviews.

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability and those that requested them.
- The practice provided care for residents in a local learning disability facility. Many of these patients had multiple and complex conditions and were offered extended appointments. GPs visited any of these patients who were not able to attend the practice themselves. All of the patients in this local facility had received an annual review undertaken by one of the paramedics.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided a weekly ward round at a residential care home for patients with advanced memory impairment and general frailty.
- One of the GPs facilitated a weekly surgery at a local retirement village to enable residents with limited mobility to have their needs met.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This service was well received by patients as it reduced the need for them to travel to secondary care for the service.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message and/or email reminders of appointments and test results.
- A range of contraceptive and family planning services were available. This included coil insertion and contraceptive implants.
- The practice worked with midwives, health visitors and school nurses to For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice was single storey with accessible facilities, a hearing loop and adequate provision for young children and babies.
- 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 phlebotomy service was available Monday to Friday, reducing the need for patients to attend secondary care for blood tests to be undertaken.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice made efforts to respond to the needs of its minority populations and had run various initiatives to encompass them in the services it provided. For example, the practice had witnessed an increase in patients from a south Asian origin and recognised that they were not utilising health services appropriately. The practice organised a health promotion event at a local community hall and invited people of south Asian origin to attend, this enabled them to provide families with information on a range of services including antenatal care for women. The practice engaged with other local services such as the police and public health departments to enable them to also reach out to these populations. The practice had continued to facilitate and support these meetings weekly over the last ten years.
- The practice demonstrated a commitment to supporting vulnerable patients in their population, developing initiatives to work compassionately with patients who may be isolated. The practice facilitated a coffee morning every Monday for elderly patients and those that had been identified by the GPs as being



# Are services responsive to people's needs?

## (for example, to feedback?)

lonely and potentially isolated. The practice had historically organised Christmas parties and other events for this group but due to the success of the initiative the group had become self-funded and continued to use the common room in the practice at no cost. The practice would also ensure that patients from this group requiring appointments were always seen at the same time to reduce the need for them to organise multiple transport arrangements, which they felt was particularly important for patients who were largely housebound.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. In addition to these times, the practice operated extended hours on Tuesdays and Thursdays from 6.30pm to 8pm and from 9am to 11.45am on Saturdays. Patients requiring a GP outside of normal hours were advised to phone the NHS 111 service. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. At the time of our inspection we were told that the practice had reached full capacity and was not accepting new patient registrations.

Results from the most recent national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was considerably higher than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 71%.
- 95% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 71%.
- 96% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.

- 66% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

Patients 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. GPs were supported by the paramedics to undertake home visits where appropriate. 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. The practice made concerted efforts to provide care for patients in their own home where needed and in particular for the vulnerable elderly patients.

### 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 in the waiting room, at reception and on the practice website.

We looked at six complaints received in the last 12 months and found that the practice handled them objectively and in an open and timely manner. Lessons were learnt from individual concerns and complaints and actions were taken as a result to improve the quality of care. For example, we saw that when a patient complained about their dissatisfaction with regard to conflicting information they had received from two GPs, the practice was prompt to investigate, before responding to the patient. Staff involved in the complaint engaged in face to face discussions to ensure the risk of recurrence was reduced.

# 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 provide excellent care to its community of patients. The practice had developed this vision in consultation with staff who shared a commitment to these values and beliefs in a pledge to improve the lives of their patients. This unified approach to the goals set out by the practice staff had led them to refer to themselves as the 'Sovereign family'. The practice logo provided a visual representation of these shared values and the staff we spoke with knew and understood the principles that underpinned it. The practice had a mission statement which was described the practice ethos.

Due to staffing pressures and limitations on time the practice did not have any formal documented business plans for the future. However, managers were able to describe plans for the future. We saw evidence that partners meetings took place regularly and discussions around future planning were incorporated in these meetings.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Lead roles and responsibilities were clearly assigned and documented for all staff to refer to. 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 computer system and files in the reception office. 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. However systems for managing safety alerts and actions taken in response to them were not robust. The day after our inspection the practice provided reassurance that they had developed a system to ensure all safety alerts were received, recorded and handled appropriately by a suitable member of the team.
- Disclosure and Barring Service (DBS) checks had not been undertaken for all clinical staff on the day of our inspection. (DBS)

### 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. We saw that the practice had undergone significant challenges for several years preceding our inspection. Not only through the loss of clinical staff and difficulties recruiting but also through the increase in demand for its services. We saw that the partners demonstrated commitment and dedication to both their patients and the practice team, working tirelessly to continue to provide services. 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 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:



# Are services well-led?

Good 

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

- The practice gave affected people reasonable 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us that practice team meetings had been limited due to pressures on the service and constraints on time. The GPs were committed to maintaining high levels of access for patients and had chosen not to close on the ten afternoons each year allocated by the Milton Keynes Clinical Commissioning Group (CCG) to provide protected learning time for staff. Following discussions on the day of our inspection we were told that the partners would be closing the practice as per the locality agreed rota, to provide staff with protected time for learning and to facilitate practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or as needed 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 and staff. It proactively sought feedback from:

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG took an active role in supporting the practice and recommending improvements. For example, the PPG had suggested improving the signage for clinical rooms to enable patients to navigate their way through the practice better. We were told by a member of the PPG that the practice was responsive to feedback given and that they felt the PPG made a valued contribution to how the practice operated.
- 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.

## Continuous improvement

There was a focus by the practice on continuous improvement of the quality of care and treatment provided, which meant improved patient outcomes. For example, the practice had recognised that the challenges it had faced with staffing shortages were not improving. We saw that the practice demonstrated resilience and were proactive in trying to overcome these challenges. For example through securing long term locum GPs and the recruitment of two paramedics to alleviate pressures on GP and nurse time. Patients we spoke with were positive about their experiences with both paramedics and locums. Some patients informed us that they were aware of the challenges the practice faced but felt that their level of care was never compromised.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider was unable to demonstrate compliance with all relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).</p> <p>In particular we found that the system for handling and recording alerts was not reliable. Whilst we saw evidence that some alerts had been received and actioned accordingly, the practice failed to demonstrate that all relevant alerts had been handled appropriately.</p> <p>The provider had not undertaken appropriate background checks on all clinical members of staff.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>