

The Milton Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Milton Surgery on 18 January 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 an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a GP and urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the overall internal decoration of the practice required updating. Areas of damp and mould were seen within treatment and consultation rooms where patients with respiratory illness were seen.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvement is:

- Ensure that formal action plans are implemented to address any improvements identified as a result of the annual infection control audits.

The areas where the provider should make improvement are:

- Ensure that carers are identified and supported appropriately.

Summary of findings

- Ensure the timely implementation of the practice's refurbishment plan.
- Conversations taking place in consultation and treatment rooms should not be overheard from the corridor or from one room to another.
- To consider a formal protocol for call handlers to work to with regards to managing urgent requests for consultations and home visits.
- Ensure that any identified risks are formally assessed and recorded to aid the management of the risks and to implement mitigating actions. This includes risk assessments regarding legionella, the absence of child defibrillator pads and health risks to staff and patients due to indoor dampness and mould within clinical rooms.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information 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.
- Risks to patients were assessed and managed.
- We observed the premises to be clean and tidy however, the overall internal decoration of the practice required updating. And damp and mould areas within treatment and consultation rooms required addressing. We saw patient toilets were not provided with sanitary product waste bins. The baby changing area did not provide patients with an opportunity to disinfect or clean the area before and after use.
- Annual infection control audits were undertaken. We saw there were areas that required action; however there was no formal action plan in place to address any improvements identified as a result.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (July 2016) showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We received 62 CQC patient comment cards, 61 were all positive about the standard of care received.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice operated a duty Doctor system that was available to discuss concerns, triage patients and see patients urgently if necessary. Patients had access to telephone consultations with clinicians and the nurse practitioner had been visiting patients in local care homes once weekly for advance care planning and chronic disease management.
- Patients said they found it easy to make an appointment with a GP and urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the exterior and interior of the practice showed signs of wear and tear and was in need of decoration at the time of the inspection.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Although the practice operated a predominantly book on day policy, patients were able to pre-book appointments if they had difficulty getting in to the practice.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice took part in the Admissions Avoidance scheme for avoiding unplanned hospital admissions.
- End of life planning and discussions were taken with patients regularly and the practice liaised with the local hospice service.
- Patients at the local care homes were visited weekly by the advanced nurse practitioner for advance care planning and chronic disease management.

People with long term conditions

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

Good



- Practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was in line with the local and the national average.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice uptake for the cervical screening programme was 82%, which was comparable to the clinical commissioning group (CCG) and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses. The practice hosted midwives to perform ante natal care from the practice.
- The practice operated a duty doctor system which provided telephone access to patients to discuss concerns and see children urgently.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was open until 6:30pm and there was scope to see patients between 5.30 and 6.30pm.
- The practice offered the full range of health promotion and screening that reflected the needs for this age group.
- Patients had access to telephone consultations with clinicians.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer pre-booked appointments for patients with complex needs and/or a learning disability.
- Hospital discharge summaries were routinely checked for any safeguarding issues by administrators and clinical teams.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The duty GP had been readily accessible to patients, staff, community teams and social workers.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- GPs had extensive experience of involvement in complicated safeguarding cases for patients with a learning disability including participation in best interest decision making.

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).

- Performance for mental health related indicators was better than the local and the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice liaised with the Primary Care Liaison service (the single point of access for mental health problems) regarding patient care.
- Mental health reviews were completed for patients with significant mental health problems. These included an overview of general health and a look at medical risk factors for disease prevention and medicines reviews. Results were used to make necessary changes to the patients' care and treatment.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 246 survey forms were distributed and 117 were returned. This represented 1.3% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 70% and to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 81% and to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our inspection. We received 62 comment cards, 61 were all positive about the standard of care received. Patients were appreciative and felt the practice had high standards and they received excellent care. Patients also said the staff at the practice were helpful, caring and excellent.

We spoke with 10 patients during the inspection. All of them said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two said the nurses were always accommodating. Patients said they were treated with courtesy and consideration and felt involved in the decision making regarding their care and treatment. Patients said they had enough time during the consultation and felt the GPs listened to them.

We looked at NHS Friends and Family Test results between February 2016 and November 2016 where patients are asked if they would recommend the practice. We saw that the practice had not submitted the data. The practice did collect the completed paper forms, however these had not been analysed.

The Milton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to The Milton Surgery

The practice is located in Weston Super Mare, a seaside resort town close to the M5 motorway, eighteen miles south west of Bristol, in the county of North Somerset. The practice provides primary medical services for the town and its suburbs.

The practice is located in a detached building previously used for housing and has undergone a number of modifications and extensions. The facilities include a ramp to the front entrance, a large waiting area and ground floor access to treatment and consultation rooms. At the time of the inspection the exterior and interior of the practice showed signs of wear and tear and was in need of decoration. In addition the building showed signs of damp in some clinical rooms.

The practice has a population of approximately 9100 patients. The practice has a higher than England average population of female patients over 55 years of age and a lower than England average population of patients under 39 years of age. The practice has a deprivation score of 21 which is slightly lower than the England average of 22 and higher than the North Somerset average of 16.

The practice has a Personal Medical Services contract (PMS) with NHS England to deliver primary medical

services. The practice provides enhanced services which include facilitating timely diagnosis and support for patients with dementia; childhood immunisations and learning disabilities.

The practice team includes six GP partners (three male and three females GPs) whom provide the practice with 48 GP sessions per week. A female advanced nurse practitioner (ANP) provides 4.5 sessions per week. In addition the team comprises of four female practice nurses, one health care assistant, an interim practice manager and sixteen part time administrative staff which include a manager, receptionists and secretaries. The practice also employs an apprentice receptionist undertaking an intermediate level apprenticeship in NVQ Business & Administration.

One GP holds a diploma in Occupational Medicine and provides advice to a number of local employers through the GP partners specialist company called Occupation Medical Services that operates from the surgery premises.

The GPs had special interests and additional skills in areas including minor surgery, family planning and post-natal checks. The advanced nurse practitioner had a special interest in care of older people in care homes.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are for 10 minutes each and mainly run on a 'book-on-the-day' system. Although the practice operates a predominantly book on day policy, patients are allowed to pre-book appointments if they have difficulty getting in to the practice. Appointment times are generally available each morning from 9.00am to 12 noon and on each afternoon from 3.30pm to 5.30pm. One GP acted as a duty Doctor each day dealing with emergencies, telephone care and treatment and management of home visits.

The practice is a training practice for GP trainees, foundation Doctors and medical students. (The foundation

Detailed findings

programme is a two-year training programme for doctors at Weston General Hospital who have just graduated from medical school). At the time of our inspection an ST2 and an ST3 Specialist Trainee were placed at the practice.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and BrisDoc provide an Out Of Hours GP 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 visiting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2017. During our visit we:

- Spoke with a range of staff (four GPs, one advanced nurse practitioner, three practice nurses, a health care assistant, the practice manager and four non-clinical staff) and spoke with 10 patients who used the service.

- Received written feedback from nine non-clinical staff on the day of our inspection.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed CQC patient comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of audit work a referral was found that had not been actioned due to an administrative error. Further training was provided to clinicians with regards to the use of the electronic patient record system and a monthly review was introduced to provide assurance that no tasks were on hold without explanation.

The practice had another significant event when the vaccines fridge was inadvertently turned off overnight. The practice nurses were able to demonstrate that they followed national guidelines in managing the incident. In addition action was taken to secure the power socket and a plan was in place to move the fridge to a more secure area.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level three and non-clinical staff to level one. Notes were added to patient records to alert staff if patients were vulnerable or there were any safeguarding issues.

- A notice in the waiting room and consulting 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy however, the overall internal decoration of the practice required updating. And damp and mould areas within treatment and consultation rooms required addressing. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We looked at the audits for 2016 and 2017. We saw there were areas that required action, for example, the need for clinical waste bins in two consulting rooms and one room requiring action to remedy problems with the flooring. However, a formal action plan was not in place to address any improvements identified as a result. We also saw patient toilets were not provided with sanitary product waste bins. The baby changing area did not provide patients with an opportunity to disinfect or clean the area before and after use.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the practice nurses had recently qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The practice nurse and advanced nurse practitioner received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer medicines against a patient specific prescription or direction (PSDs) from a prescriber. We saw the practice were using PSDs for travel vaccines whilst they waited for local updates for expired PGDs.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm tests and drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had assessed the risk of legionella and were found to be low. However, this had not been formally recorded. The practice completed a written risk assessment shortly after our inspection which showed

the risk of legionella in the practice was indeed low. As a result of the risk assessment processes were put in place to ensure appropriate management of low risk concerns. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient needs. There was a policy with regards to safe staffing levels. This was supported by a rota system for all the different staffing groups to ensure enough staff were on duty. The workload of staff was monitored though the feedback from staff and patients. We saw the practice had good cover arrangements for the reception area. For example, two staff dealt with front desk enquiries and three staff dealt with telephone access along with other administrative tasks. In addition another member of staff provided back-up to front desk and telephone enquiries.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. During our inspection we saw the system worked well when an emergency alarm was used.
- 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. We saw that defibrillator pads used for children were not available. Following our inspection the practice provided a risk assessment on the need for defibrillator pads for children. Oxygen with adult and children's masks were available. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, an audit has been carried out regarding female patients with past history of gestational diabetes, to ensure they were offered annual fasting glucose check as per the NICE guidance. (Gestational diabetes is a condition where a woman without diabetes develops high blood sugar levels during pregnancy which poses risk to the unborn baby).

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 showed the practice had achieved 99% of the total number of points. This compared with the clinical commissioning group (CCG) average of 97% and the national average of 95%.

The combined overall total exception reporting for all clinical domains was 16.6% which was higher than the CCG average of 11% and the national average of 10%. (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). We found that the practice reported patients as exceptions when patients had not responded to their three invitations or if it was clinically appropriate.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were in line with the local and the national average.
- 91% of patients on the diabetes register, in whom the last blood pressure reading was that of a healthy adult, compared to the CCG average of 83% and the national average of 78%.
- 93% of patients on the diabetes register, whose last measured total cholesterol was that of a healthy adult, compared to the CCG average of 82% and the national average of 80%.
- Performance for mental health related indicators were in line with the local and the national average.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 93% and the national average of 89%.
- 98% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 81% and to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice participated in the Screening for osteoporosis of older women for prevention of fracture (SCOOP) study. This was a randomised controlled trial to test a method of screening for risk of fracture for women aged 70 to 85 years.
- We were shown six clinical audits completed in the last year. Five of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a significant event included an audit into the management of a specific medicine and whether those patients were being monitored as recommended by national guidance. The audit showed that 11 patients were being prescribed Orlistat, all of them had met the criteria for prescribing the medicine to them but three were overdue a medicines review. As a result these patients attended the practice and were reviewed.

Information about patients' outcomes was used to make improvements. It had been identified locally that the

Are services effective?

(for example, treatment is effective)

practice was a high antibiotic prescriber. In house education was held at practice meeting and one of the GPs were appointed as the antibiotic steward. The practice's antibiotic prescribing was audited and increased scrutiny had been applied before starting antibiotics which meant a change in culture. Data showed a reduction of antibiotic prescribing from 17.4% in 2014/2015 to 11.8% in 2015/2016.

Effective staffing

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

- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one practice nurse was in the process of undertaking a diploma in the advanced management of chronic obstructive respiratory disease and another had recently completed an independent prescriber course. The health care assistant had been supported to undertake an NVQ three in health and social care.
- 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 nurse forums.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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 patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

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

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, GPs 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. The practice issued slimming vouchers to patients who met the criteria and there was a visiting dietician who provided outreach clinics at the practice twice in every month.

The practices uptake for the cervical screening programme was 82% which was comparable to the clinical commissioning group (CCG) average of 82% and the national average of 81%. There was a policy to send reminders for patients who did not attend for their cervical screening test and to flag the patient's records. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women with abnormal results.

Are services effective?

(for example, treatment is effective)

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

- 78% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 77% and the national average of 72%.
- 62% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to five year olds were 95% to 99% compared to the CCG range from 91% to 97%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A self-service blood pressure machine was available in the waiting area for patients to use.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in some of these rooms could be overheard. This included being able to hear conversations from one consulting room to another.

All except one of the 62 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members 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.

Results from the national GP patient (July 2016) survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and practice nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and to the national average of 85%.

- 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 93% and to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey (July 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in large prints on request.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers (less than 0.5% of the practice list). This rate was low

which meant that many carers may have not been identified as potentially being in need for extra support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a letter in order to offer condolences which gave them advice on how to find a support service if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice was open until 6:30pm and there was scope to see patients between 5.30 and 6.30pm.
- The practice operated a duty Doctor system that was available to discuss concerns, triage patients and see patients urgently if necessary.
- The practice took part in the Admissions Avoidance Direct Enhanced Service for avoiding unplanned hospital admissions. The nurse practitioner had been visiting patients in local care homes once weekly for advance care planning and chronic disease management.
- Patients had access to telephone consultations with clinicians.
- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately with the exception of yellow fever.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were for 10 minutes each on a 'book-on-the-day' system. Although the practice operated a predominantly book on day policy, patients were allowed to pre-book appointments if they had difficulty getting in to the practice. Appointment times were generally available each morning from 9.00am to 12 noon and on each afternoon from 3.30pm to 5.30pm.

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

- 58% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and to the national average of 76%. We noted that the practice was going to pilot an extended hours system working with other surgeries to provide Saturday morning opening from February 2017.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and to the national average of 73%. The practice told us they had more reception staff available during peak times and had plans to re-launch the practice's online appointment booking system to ease telephone traffic at peak times

People told us on the day of the inspection that they were able to get appointments when they needed them. However, one patient said it was not always easy to arrange appointments as they could not book in advance.

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.

One GP acted as a duty Doctor each day dealing with emergencies, telephone care and treatment and management of home visits. 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. However, there was no formal protocol in place for administrative staff to follow.

Listening and learning from concerns and complaints

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

- Its complaint 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.

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

- We saw that information was available to help patients understand the complaints system, for example on the practice's website and the complaints policy was on display in the reception area.

We found the practice had recorded five complaints in 2016. We looked at two complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency were demonstrated when

dealing with complaints and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For example, a patient complained with regards to hygiene and privacy during a consultation. Discussions took place at a staff meeting to remind staff of the correct procedures. Also, the windows of consultations rooms had been 'frosted' to increase privacy.

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 deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had plans for the renovation of the premises and recruitment of a permanent practice manager.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- 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. However, risk assessments regarding legionella and the absence of child defibrillator pads had not been formally recorded at the time of our inspection.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular meetings within each team. Leads for those teams would meet with the partners in a practice meeting regularly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at individual team meetings and felt confident and supported in doing so. We noted team social events were held every six months.
- 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. For example, the system to book holidays was changed due to staff feedback.

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

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

- The practice had gathered feedback from patients through the surveys and complaints received. The practice had a patient participation group (PPG) which had not met regularly in the last year, but had plans to meet once every three months in 2017. The PPG submitted proposals for improvements to the practice management team. For example, they suggested to make the waiting room more 'homely' and to change the layout of the furniture.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

Are services well-led?

Good 

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

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 on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to

improve outcomes for patients in the area. For example, the Milton Surgery was the first practice to start electronic prescribing. The practice also worked with other practices to establish a solution for local challenges. The practice had planned with four other local practices to employ a pharmacist to work part time in each practice. The practice was also going to pilot an extended hours system working with other surgeries to start a rota of Saturday morning opening from February 2017.