

# Iver Medical Centre

## Quality Report

Iver Medical Centre  
High Street  
Iver  
Buckinghamshire  
SL0 9NU

Tel: 26 May 2016

Website: [www. iverdoc.co.uk](http://www.iverdoc.co.uk)

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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 first inspected Iver Medical Centre in April 2015. At that time we rated the practice as requires improvement. Specifically we found the practice had breached the regulation related to good governance of services by not operating consistent systems of risk assessment or responding to patient feedback.

This inspection was carried out on 26 May 2016 and was a comprehensive inspection because we had not returned to the practice within six months. We found the practice had addressed the issues that gave rise to the breach of regulation that occurred in 2015 and had made significant progress. Overall the practice is now 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. The practice had made improvements to ensure learning from significant events was shared with the practice team in a consistent manner.

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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.
- Patients reported an improvement in their ability to obtain appointments within a reasonable timescale and the practice had amended their appointment system to ensure urgent appointments were available the same day.
- The practice had formed a patient participation group (PPG) (a PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). Members of the PPG told us that the practice was open in working with them and encouraging feedback. Both the practice and PPG told us they were on a continuing path of improvement.

We saw an area of outstanding practice:

- The practice had initiated a visiting NHS physiotherapy clinic specifically for patients aged over 75 years. The clinic helped these patients to maintain mobility and independence and reduced

the number of visits to hospital clinics. Twenty six patients had been referred to this service in four months and they had received between one and five treatments after initial assessment.

The areas where the provider should make improvement are:

- Review systems to monitor and review telephone calls to the practice to ensure patients have appropriate access to booking appointments.
- Continue to review appointment availability based on patient feedback.
- Ensure chaperoning during intimate examinations is only undertaken by staff who understand the nature of the examination.
- Review the knowledge and understanding of staff carrying out chaperone duties based on the nature of the examination being supported.
- Review how hospital discharges are managed and reported to ensure patient safety.
- Ensure the improvements in security of blank prescriptions are sustained.

**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
- There was an improved system that ensured 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 well managed.

### 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 at or above average compared to the national average. For example, the practice had undertaken a breathlessness test for 91% of patients diagnosed with COPD (a type of lung disease) compared to the CCG average of 84% and national average of 80%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. An audit programme was in place and audits were repeated to ensure action had been taken to improve patient outcomes.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care and feedback was improving over time.

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had worked with the CCG to obtain provide a monitoring service at the practice for patients taking a high risk medicine. This reduced the need for this group of patients to travel to hospital for their treatment.
- A recent practice survey showed improved feedback from patients who said they found it easy to make an appointment with urgent appointments available the same day. The practice had reorganised the appointment system to provide a wider range of appointment options. The changes to the system had been in place since late 2015 and the practice was keeping the system under review.
- 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. The system to ensure learning from complaints was shared with staff and other stakeholders had improved and was consistently operated.
- The practice had initiated a visiting NHS physiotherapy clinic specifically for patients aged over 75 years. The clinic helped these patients to maintain mobility and independence and reduced the number of visits to hospital clinics. Twenty six patients had been referred to this service in four months and they had received between one and five treatments after initial assessment.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear strategy to deliver high quality care and promote good outcomes for patients. With a focus on bringing services closer to the patient. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Staff said that management of the service had improved since the appointment of a practice manager and clear leadership roles had been assigned to GPs.
- 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 had made significant improvement to proactively seek feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a firm focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs undertook a weekly visit to a local care home for the elderly to coordinate the care of the residents.
- NHS physiotherapy services were available at the practice for patients aged over 75. This helped avoid lengthy trips to hospital for these patients to attend the physiotherapy clinic.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 70% of patients diagnosed with diabetes were achieving target cholesterol levels which was similar to the CCG and national average of 71%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. They also told us it was easy to get urgent appointments for younger children.
- 79% of eligible female patients had cervical screening tests compared to the CCG average of 84% and national average of 82%. However, the number of women the practice excepted from this screening was 6% compared to the CCG average of 8%. The lower exception reporting contributed to the lower overall achievement.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **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.
- Extended hours clinics were held both before and after working hours at Iver Medical Centre and all GPs took part in these extended hours on a rota. This meant there was access to the patients preferred GP.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Smoking cessation services and a visiting dietician were available at the practice.

**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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and completed annual health checks for over 80% of these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**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.
- The practice attended local forums to encourage those with caring responsibilities to register to enable them to receive support and advice.

## 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).

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98% of the indicators for care of patients with severe and enduring mental health problems had been achieved compared to the CCG average of 97% and national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A consultant psychiatrist held clinics at the practice once a month.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results used in this report were published in January 2016. The results showed the practice was performing below local and national averages. Three hundred and forty-nine survey forms were distributed and 126 were returned. This represented just over 1% of the practice's patient list and a 36% response rate.

- 54% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 69% 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 88% and national average of 85%.
- 63% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

When we inspected the practice in April 2015 we found the practice had not responded to patient feedback. Feedback from the most recent national GP patients survey (January 2016) remained similar to the previous period.

At this inspection the practice was able to demonstrate that they responded to patient feedback and took action to address such feedback when it was not as positive compared to local and national averages. For example, the appointment system had been reorganised to provide a wider range of appointment opportunities. These included; on the day urgent appointments, telephone consultations, appointments two days ahead, online appointment booking and routine appointments up to two weeks in advance. An analysis of patients who 'did not attend' appointments had shown that patients who booked appointments more than two weeks in advance were more likely not to attend their appointment.

To test feedback after reorganising the appointment system the practice undertook a random survey of patients who attended for a six week period in late 2015. A total of 91 patients gave their feedback to the survey. Of those that answered the question about access to an appointment within a week 87% said they had obtained an appointment within that timescale.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. There were examples of patients saying the GPs and staff went the extra mile to be caring and reassuring and two patients made reference to the excellent service their relatives received from the practice. However, two patients reported difficulties obtaining convenient appointments and that when they attended for their appointment they waited some time to be seen.

We also spoke with 12 patients during the inspection. All 12 patients said they received compassionate care from the GPs and nursing staff. They commented that staff were approachable and committed to providing care and treatment. Some patients commented that the appointment system appeared inconsistent. Sometimes it was easy to obtain an appointment and at other times there could be a wait of up to two weeks for a routine appointment.

The practice continued to monitor patient feedback and took an active role in seeking patient opinion. For example staff regularly attended local community forums and a PPG had been formed to offer their views on the service provided. This group included patients of various ages. There was a sub group of the PPG called the 'seniors group' made up of older patients who met more regularly and had close liaison with the GPs and management.

# Summary of findings

## Areas for improvement

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

- Review systems to monitor and review telephone calls to the practice to ensure patients have appropriate access to booking appointments.
- Continue to review appointment availability based on patient feedback.
- Ensure chaperoning during intimate examinations is only undertaken by staff who understand the nature of the examination.
- Review the knowledge and understanding of staff carrying out chaperone duties based on the nature of the examination being supported.
- Review how hospital discharges are managed and reported to ensure patient safety.
- Ensure the improvements in security of blank prescriptions are sustained.

## Outstanding practice

- The practice had initiated a visiting NHS physiotherapy clinic specifically for patients aged over 75 years. The clinic helped these patients to maintain mobility and independence and reduced the number of visits to hospital clinics. Twenty six patients had been referred to this service in four months and they had received between one and five treatments after initial assessment.

# Iver 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 adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors. The team was also accompanied by an assistant CQC inspector in an observer role.

### Background to Iver Medical Centre

Iver Medical Centre is located in the village of Iver. The practice premises were purpose built within the last 20 years. Patients are registered from the local area. The practice population, of approximately 9,500, has a higher proportion of patients aged 40-65 compared to the national average. Iver Heath Health Centre is a purpose built centre located in the village of Iver Heath and has its own car parking available for patients. The premises are shared with a private clinic. Just over 1000 of the registered patients prefer to be seen at Iver Heath but patients can be seen at either of the practice premises.

There is minimal local area deprivation according to national data. The prevalence of patients with a long term health problem is 48% compared to the national average of 54%. Local traveller communities and those living in canal boats are registered at the practice.

The main practice at Iver Medical Centre is open between 8.30am and 6.30pm every Monday to Friday. The telephone lines open at 8am for patients to book appointments. Appointments are from 8.30am to 12pm every morning and 1.30pm to 5.30pm each weekday. Extended hours surgeries are offered on a Tuesday morning from 7.30am to 8.30am and on a Monday evening from 6.30pm until 7.30pm. The opening hours are more limited at the Iver Heath Health Centre branch surgery. This site is open every weekday but operates between 8.30am and 12.30pm from Tuesday to Thursday and is closed in the afternoons. On a Monday the branch surgery is open between 8.30am and 12.30pm in the morning and in the afternoon from 1.30pm to 5.30pm. On Friday the branch surgery is open from 8.30am to 12.30pm and 3pm to 5pm in the afternoon.

The practice patient list has increased by approximately 1000 patients in the last three years due to the closure of a local practice. Care and treatment is delivered by five GP partners and a salaried GP. There are four female GPs and two male GPs and they make up just over four whole time GPs. The practice nursing team comprises three practice nurses and a health care assistant, all are female. The day to day management and administration is undertaken by the practice manager, a deputy manager and a team of reception and administration staff.

The practice is a member Chiltern CCG.

Services are provided from:

Iver Medical Centre, High Street, Iver, Buckinghamshire, SL0 9NU

and

Iver Heath Health Centre, 91 Trewarden Avenue, Iver Heath, Buckinghamshire, SL0 0SB

Both practice sites were visited as part of the inspection.

# Detailed findings

This is a training practice. The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

The practice has opted out of providing out-of-hours services to its own patients. There are arrangements in place for patients to access care from an out-of-hours provider and NHS 111.

The practice has submitted an application for one of the partners to become the registered manager. This application was being processed at the time of our inspection.

## Why we carried out this inspection

We had carried out an inspection at Iver Medical Centre in April 2015. At that time the practice was found to have breached a regulation relating to robust assessment of risk and responding to patient feedback. Because we had not returned to the practice within six months we carried out a second 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 carried out to check whether the practice had made the improvements they told us they would make following our previous inspection. It was also undertaken to check that the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a re-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 also reviewed the action plan the practice had sent us following their previous inspection and the supporting information they provided to evidence improvements. We carried out an announced inspection on 26 May 2016. During our inspection we:

- Spoke with three GPs, two practice nurses and three members of the reception and administration team.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, 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.

When we inspected the practice in April 2015 we found that although significant events were recorded the action taken in response and learning from the event was inconsistent. During this inspection 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, the practice recorded a significant event when the wrong patient had been sent for an urgent referral to hospital. To reduce the risk of this happening again a new system of checking had been put in place and all GPs reminded to check the patient reference number when making a referral. Staff we spoke with were able to tell us about significant events and the learning they had received following an event. For example administration staff told us how they ensured home visits were fulfilled following a significant event when a requested home visit had not taken place.

### 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 were trained to child protection or child safeguarding level three. The practice nurses were trained to level two in safeguarding children and administration staff to level one. All staff had taken appropriate levels of training in safeguarding vulnerable adults.
- A notice in the waiting room 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 noted that administration staff who undertook this role had not received extended training that described the types of examinations they might be party to when chaperoning. Our findings were discussed with the lead practice nurse who took immediate action to ensure nursing staff undertook chaperone duties when intimate examinations were involved. Administration staff were to undertake chaperone duties when witnessing a consultation or for the safety of the patient or GP.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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 and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms were not always held securely. We noted that one of the consulting rooms was left unlocked throughout the morning of our inspection. Blank prescriptions were held in the printer in this room. The practice did not record the issuing of blank prescriptions to GPs. If prescriptions were stolen they could not be identified to the area they had been taken from. We discussed our findings with the practice. Within an hour of concluding the inspection we had received assurances that a prescription tracking system had been introduced and security of consulting and treatment rooms reinforced.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in staff beverage area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice also ensured there was always a GP on duty at Iver Heath Health Centre when either a nurse or health care assistant was holding a clinic.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available at both 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 at both sites 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.

### 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 97% of the total number of points available. The exception rate for cervical screening for patients with severe and enduring mental health problems was higher than average at 29%. However, we noted that there were very few patients in this group. Thus four patients not attending screening constituted the exceptions. Overall the practice exception rate was similar to the national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG average at 93% and better than the national average of 89%.
- Performance for mental health related indicators was 98% which was better than the CCG average of 97% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits and six management audits completed in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients taking a high risk medicine had received a blood test prior to their prescription being issued. The first audit identified two patients who had not had their blood tests. The practice reinforced the requirement for blood tests with all patients taking this medicine and posted the practice protocol in each consulting room. The second audit showed all patients had received their blood test or were being monitored by a hospital consultant.

Information about patients' outcomes was used to make improvements. For example, the practice identified that some patients taking a high risk were not attending for blood test monitoring at the hospital. This was because they found it difficult to attend the hospital site. To reduce non-attendance the practice negotiated a visiting blood testing and review clinic at the practice. The number of non-attenders had fallen.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A GP and two nurses attended training courses to enhance their skills in planning care for patients diagnosed with diabetes.
- 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



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

During our inspection a patient told us that their GP had not followed up their treatment following their discharge from hospital. The patient gave the CQC GP advisor permission to review their medical record. We found that the information the GP required to follow up the discharge had not been received by the practice. We spoke with GPs and the practice manager about this and they gave us numerous examples of late receipt of hospital letters from one of the local hospitals that was frequently attended by

practice patients. The practice had used a national alerting system to inform the hospital when there had been a delay in receiving letter and summaries. However, they told us the problems persisted. Late receipt of information from outpatient appointments and inpatient stays meant that GPs were not in a position to offer the follow up patient's required without having to contact the hospital during consultations. This delayed consultations and placed patients at risk of their follow up treatment also being delayed.

### 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition were offered support, advice and treatment.
- Smoking cessation support was available from a local group and the GPs referred to dieticians, weight loss classes and exercise classes for those patients that could benefit from these services.

The practice's uptake for the cervical screening programme was 79%, which was a little below the CCG average of 84% and the national average of 82%. However, the practice exempted fewer patients than average from the screening programme. There was a policy to offer telephone 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

## Are services effective?

(for example, treatment is effective)

also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the

vaccinations given to under two year olds ranged from 90% to 97% compared to the CCG average of 93% to 97%. For five year olds the range was from 90% to 95% compared to the CCG average of 93% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring service and staff were helpful and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was at or just below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.

However,

- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice was very aware of the results of the national patient survey. They had recruited an additional nurse to ease the pressure on appointments and gave nurses more time for their consultations. They had also undertaken a reorganisation of reception by moving call handling to a back office to enable the call handlers to focus on answering patient phone calls. This also meant the receptionist at the front desk could dedicate their time to patients attending the practice.

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

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

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

- 83% 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%.
- 80% 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 national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

## Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- TV information screens, notice boards and information leaflets gave a variety of information about local services that were available to support patients following their consultations with the GPs and nurses.
- GPs and nurses used printed information to support their diagnoses and gave patients additional information upon which to explain their treatment decisions when this was appropriate.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as

carers. This was just over 1% of the practice list. The practice was active in encouraging patients who were carers to register their caring responsibilities. They did this by having a member of staff appointed as carers' coordinator and attending a local 'seniors' group which patients who were carers may attend. The practice had also attended a forum with 'carers Bucks' which gave them the opportunity to promote the services they offered to carers. This included informing patients about carers' breaks for those that would benefit from this. These could be organised by the practice if the patient was unable to do so themselves. Written information was available to direct carers to the various avenues of support available to them. There was a notice board dedicated to information for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice held a register of patients diagnosed with dementia. They recognised that these patients needed additional support to attend their appointments. There was a system in place to place a reminder call to the patient, or their carer, the day before their booked appointment.

# 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. For example, setting up a monitoring clinic at the practice for patients prescribed blood thinning medication. The practice had also been successful in obtaining funding to provide a physiotherapy service, at the practice, for patients aged over 75. This helped this group of patients avoid trips to hospital for physiotherapy. The clinic ran once a week and all appointments were used. The patients referred to the clinic were seen within a week of referral and the clinic was targeted at improving the mobility of this group of patients. It had been established to also maintain independence and avoid hospital admissions arising from falls. At the time of inspection the service had been running for four months and 26 patients had been seen for between one and five treatments. There was an evaluation of this service underway to identify success and possible opportunity for expansion to accommodate patients in other age groups. We heard the views of some of the patients who had benefitted from the service which confirmed that they found it easy to attend the clinic if they did not have transport and that the treatments had improved their mobility and confidence when walking.

- The practice offered extended hours clinics on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided weekly visits to a local care home to co-ordinate the care of the elderly residents living there.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Some of those only available privately, for example Yellow Fever, were referred to other clinics.

- Translation services were available and were promoted for those patients requiring this service.
- In addition to the blood test monitoring clinic and physiotherapy service patients benefitted from visiting dietician, consultant psychiatrist, and child and adolescent health services clinics on site. These were all provided by the NHS.
- Private podiatry, physiotherapy and counselling clinics were also held at the practice.
- The practice provided services to patients on the ground and first floor at Iver Medical Centre. Patients with mobility difficulties or who had problems managing stairs were seen on the ground floor. Both consulting and treatment rooms were located on the ground floor at Iver Heath Health Centre.
- Automated entry doors were in place at both practice sites. However, induction loops for patients who used hearing aids were not provided and could result in patients mishearing important information about their health. When we discussed this with the practice they told us they would take action to obtain a portable hearing loop.

### Access to the service

The main practice at Iver Medical Centre was open between 8.30am and 6.30pm Monday to Friday. The telephone lines opened at 8am for patients to book appointments. Appointments were available from 8.30am to 12pm every morning and 1.30pm to 5.30pm daily. Extended hours surgeries were offered on a Tuesday morning from 7.30am to 8.30am and on a Monday evening from 6.30pm until 7.30pm. The opening hours were more limited at the Iver Heath Health Centre branch surgery. This site was open every weekday and operated from 8.30am to 12.30pm between Tuesday and Thursday when it was closed in the afternoons. On a Monday the branch surgery was open from 8.30am to 12.30am and 1.30pm to 5.30pm in the afternoon. On a Friday the surgery opened from 8.30am to 12.30pm in the morning and between 3pm and 5pm in the afternoon.

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

- 54% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.

When we inspected the practice in April 2015 the feedback from patients via the national survey was similar and we found the practice in breach of a regulation for not responding to patient feedback in a robust manner. At this inspection we found the practice had taken action to respond to patient feedback. They had reorganised the system of appointments and removed some stages in the process that patients felt restricted their access to the appointments they sought. For example, the system of GPs calling patients back to assess their clinical need for appointments had been stopped. The appointment system had been reorganised to provide a wider range of appointment opportunities. These included; on the day urgent appointments, telephone consultations, appointments two days ahead, online appointment booking and routine appointments up to two weeks in advance. When we reviewed the appointment availability we saw that the practice held appointments for release two days in advance and that there were routine appointments available within a week of the inspection date. We also saw that if an appointment designated for booking online was not taken 24 hours before it was released to be booked by other means. An analysis of failure to attend appointments had shown that patients who booked appointments more than two weeks in advance were more likely not to attend their appointment.

To test feedback after reorganising the appointment system the practice undertook a random survey of patients who attended for a six week period in late 2015. A total of 91 patients gave their feedback to the survey. Of those that answered the question about access to an appointment within a week 87% said they had obtained an appointment within that timescale. The questionnaire also sought patient feedback on the revised on the day urgent appointment system and 82% of patients were either satisfied or very satisfied with the service. This survey had focussed on patients who had experienced the service since the changes to the appointment scheduling had been implemented. The practice was keeping the system under review and would continue to seek patient feedback on access to appointments.

The practice had also responded to the lower than average rating for accessing the practice by telephone to book

appointments. They had attended local community forums and sought patient's opinions on the improvement they would like to see in telephone access. Discussions had also taken place with the members of the patient participation group. The feedback had focussed on patients finding the phone line engaged and not knowing whether their call was in a queue. Subsequently the practice placed an order for a new telephone system that would address the patients' concerns. This was due to be installed in July 2016.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them. However, three patients reported problems in getting an appointment with their preferred GP.

When we inspected the practice in April 2015 patients told us they had been referred to the local walk in centre when the practice could not offer an appointment. None of the 12 comment cards or the 12 patients we spoke with told us of this occurring during our inspection in May 2016. The practice had made significant improvement in ensuring patients received advice and treatment without recourse to attending the local walk in centre.

### 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. The process for making complaints was displayed on notice boards, on the practice website and in the patient leaflet.

When we inspected the practice in April 2015 we found that learning from complaints was inconsistent and that lessons learnt were not always shared with the practice team. We looked at the five complaints received in the last 12 months and found all had been dealt with in a timely manner. Responses to complaints were open and honest following a thorough investigation of the matters raised. The practice had made significant improvement in ensuring learning from complaints was shared with the practice team.

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

Minutes of meetings showed us that learning outcomes were shared and staff we spoke with were able to tell us what they had learnt from complaints. For example, one of the complaints reviewed related to the continuity of care for an elderly patient who had been seen by a number of different GPs. The practice had responded by changing the system for home visiting of elderly patients with long term

or ongoing medical conditions. The system was amended so the same GP attended such home visits. Where this was not possible, a print out of the patient records was given to the visiting GP to ensure they had as much information as possible about previous treatment. Reception staff were aware of the system and had learnt from the incident to book home visits with the same GP in these circumstances.



# 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, promote good outcomes for patients and bring services closer to the patient to avoid lengthy and difficult journeys to hospital clinics..

- The practice had a mission statement which staff knew and understood the values.
- The practice had a robust strategy to bring more services closer to the patient. This reflected the vision and values and was regularly monitored.

### 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included

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

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

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

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

- When we inspected the practice in April 2015 a patient participation group (PPG) was not in operation and the means of gathering feedback via e-mail contact with patients was not proving effective. At this inspection we found the practice had gathered feedback from patients through a patient participation group (PPG) formed in late 2015 and through surveys and complaints received. The PPG had commenced meeting regularly and submitted proposals for improvements to the practice management team. For example, requesting that patients received a better service when calling for an appointment. The practice had ordered a new telephone system that would give patients information about their wait in a telephone queue and would avoid instances of calls being dropped. The PPG members we spoke with told us that their group was in its infancy and



# Are services well-led?

Good 

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

was working with the practice on a longer term improvement agenda to respond to patient demand and expectations. They also told us that they felt listened to and encouraged to canvas views of other registered patients and feed these back to the practice.

- The practice used other means of gathering feedback from patients. For example by attending local coffee mornings organised by the parish council and through a local 'seniors' forum.
- 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. For example, the practice reorganised the layout of the reception and office area following staff suggestion that receipt of incoming calls should be taken away from the reception desk.

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. There was a strong focus on bringing services closer to the patient to reduce the number of occasions when patients had to make time consuming trips to hospital. For example, a bid to host NHS physiotherapy services at the practice, for patients aged over 75, had been successful.

Practice staff were taking part in learning to develop their skills and offer more services for patients registered with the practice. For example, GPs had recently attended courses to enable them to undertake joint injections rather than referring patients needing this treatment to the hospital. GPs and a practice nurse had received updates in treating patients with long term condition such as diabetes and COPD (a type of lung disease).

The practice had increased the number of practice nursing hours and had plans to commence a nurse visiting service to review patients with long term conditions or the elderly who found it difficult to attend the practice.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice