Islip Surgery

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (Previous inspection August 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Islip Surgery on 12 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risks to patients and staff. When incidents which required learning outcomes did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice continuously reviewed the needs of its patient population and adapted processes to improve services for its population.

We saw one area of outstanding practice:

- The practice promoted, adopted and fully ulitised IT tools which supported patients to access information and consult clinicians without requiring a visit. Approximately 78% of patients used online services such as asking clinicians questions, booking appointments or requesting fit for work certificates. This was of particular benefit to the dispersed nature of the local population and that some patients lived in isolated areas. Between November 2017 and May 2018 there had been 968 instances where patients accessed online services. Data suggested that this avoided patients calling the practice 968 times, and visiting the practice 156 times, including 101 times an appointment would have otherwise been required.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a medicines/pharmacy inspector.

Background to Islip Surgery

Islip Surgery, Bletchington Road, Islip, OX5 2TQ

Website: www.islipsurgery.org.uk

- The practice population is approximately 6,000. There is minimal deprivation and low ethnic diversity. The population has a lower proportion of younger adults and children compared to national averages. The population is rural and covers a large area.
- The practice offered dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.
- There are four GP partners and three salaried GPs, with a mix of male and female doctors. Two female practice nurses also form part of the clinical team and are supported by two female healthcare assistants. Dispensary staff also work at the practice. A variety of support staff worked with the clinical team and there was a practice manager in post.
- Out of Hours services were available by contacting NHS 111 and were provided by a local Healthcare Trust.
- The provider was registered to provide the following regulated activities: Diagnostic and screening procedures, family planning, surgical procedures, maternity and midwifery services and treatment of disease disorder and injury.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

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

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to managing services at the practice.

Good

Are services safe?

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.*)*

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Online services were promoted and used by patients to enhance their access to ongoing care. This included access to test results and seeking advice from clinicians.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical and mental health needs.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- The practice provided care plans for patients with newly diagnosed conditions.
- Patients at risk of diabetes were monitored to ensure any early signs of the disease developing were identified.
- There was appropriate equipment for the diagnosis and monitoring of patients with long term conditions.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were better than the target percentage of 90% or above.
- Every child who did not attend an appointment within the practice or externally who was on the at-risk register was followed up by a GP to determine if any risks were posed to the child.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was better than the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good

Are services effective?

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Health checks were offered to patients with a learning disability.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, care planning and medication reviews.
- There was a system for following up patients who failed to attend for check-ups regarding their long term medication, such as those taking lithium.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was similar to the national and local averages.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the national average and local average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice was ahead in terms of diagnosis of dementia compared to the national expected rate of 67% and local averages, achieving 70% diagnosis rate.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice's QOF results were consistently better than local clinical commissioning group (CCG) averages and national averages.
- There were areas where exception reporting was higher than the national averages. We reviewed examples of exception reporting and found they specific cases and process for exception reporting was in line with guidance. Exception reporting enables practices to exempt patients from national data performance on the grounds that care was not able to be provided due to exceptional circumstances.
- The practice used information about care and treatment to make improvements. For example, audits about prescribing were used to identify improvements regarding the monitoring of long term medicines or reviewing the amount of specific medicines that were prescribed.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date with any changes to guidance.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

Good

Are services effective?

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- Staff shared information with community services, social services and carers where this may have supported patients' needs.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients nearing the end of their lives, patients at risk of developing a long-term condition and carers.
- The seasonal flu uptake for eligible patients was the fourth highest in the CCG at 80%.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through individualised care planning.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they had had access to guidance on the mental capacity act to make a decision.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was highly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- National GP survey results reflected the feedback provided on the day of inspection.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patients' various potential communication needs were reflected in sources of information and aids. This included a hearing loop and language translation services. However, the practice was not fully aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff took measures to promote patients' privacy and dignity.
- Staff were provided with training which included how to protect patients' personal information.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of needs and preferences and showed flexibility in responding to patient needs. The patient population was predominantly rural and patients with any vulnerability had distinct needs which were often different to urban patients. The practice was highly attuned to this and adjusted its services accordingly.

- The practice promoted and fully utilised IT tools which supported patients to access information and consult clinicians without requiring to visit. Approximately 78% of patients used online services such as asking clinicians questions, booking appointments or requesting sickness certificates. This was of particular benefit to the dispersed nature of the local population and that some patients lived in isolated areas.
- The practice analysed patient usage of these services. Between November 2017 and May 2018 there had been 968 instances where patients accessed online services. Data suggested that this avoided patients calling the practice 968 times, and visiting the practice 156 times, including 101 times an appointment would have otherwise been required.
- The practice website offered tailored and seasonal advice to patients. For example, during Spring 2018 the practice promoted information on risks associated with a biting insect found locally which caused minor health problems or irritations during Spring and Summer. There was information on support for bereavement, child counselling services and carer's services.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines. A delivery service was available where paid staff or volunteers could deliver patients' prescriptions. This service was fully risk assessed, with volunteer background checks in place and insurance.
- The practice worked with the patient participation group (PPG) in improving communication with local communities and promoting health advice. This was done through PPG representation on local parish council meetings. The PPG encouraged local parish councils to have a health lead designated for their areas enabling health promotion. The practice endorsed this working arrangement and utilised the channel of communication to promote health advice and programmes such as flu clinics.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The PPG had identified the benefit of a good neighbour scheme due to the proximity and isolation of patients in the large area that the practice served. This scheme provided support such as transport to the practice, hospital appointments or prescription deliveries. The practice supported this scheme and advertised it through newsletters and on its internal TV screen. Since October 2017, 20 patients had started using the scheme.

People with long-term conditions:

Good

Are services responsive to people's needs?

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All children who missed an appointment at hospital or at the practice were followed up.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The access to services online reduced the need for patients to attend the practice for advice or call during working hours. This was a particular benefit to the high number of commuters who resided locally.
- Patients could email GPs to ask questions about their care and treatment.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- The practice was proactive in providing care and meeting the needs of patients with mental health conditions including dementia.
- Patients with mental health conditions were easily identifiable on the record system in order for staff to know they may require prioritisation or additional support.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal.
- Patients were able to book a routine appointment within 48 hours and same day appointments were available.
- The practice was the second lowest user of out of hours services among the eight practices within their locality (around 100 patients used out of hours per 1000 patients compared to the local average of 150 patients per 1000 people). This was an indication that the practice provided timely access to patients reducing the need for external services to be used.
- A Duty Doctor assessment system was in place and patients could receive a timely return call from the practice to assess their needs.

Good

Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Patient feedback on access to appointments was consistently higher on every question regarding access on the GP national survey 2017 compared to local and national averages.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice looked for any lessons to be learned from individual concerns and complaints.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of their strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was consideration of staff well-being.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and patients.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There were established policies, procedures and activities to ensure safety.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was a culture of identifying, assessing and managing risks related to the provision of services. For example, risks related to infection control and storage of medicines.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings. Staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
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Please refer to the Evidence Tables for further information...