

Dr Robinson and Partners (also known as Westfield Road Surgery)

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Robinson and Partners, also known as Westfield Road Surgery, on 13 December 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had a comprehensive business continuity plan.
- Emergency medicines and equipment were stored securely but easily accessible.
- Staff were aware of their responsibilities in helping to safeguard and protect patients and had undertaken specific training appropriate to their role to support this.
- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- 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. They worked well with multidisciplinary teams, including community and social services to plan and implement care for their patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified 84 patients as carers (approximately 1.6% of the practice list).
- 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 held regular staff and clinical meetings where learning was shared from significant events and complaints.

Summary of findings

- Patients had commented that it was sometimes difficult to contact the practice by telephone and this was being addressed by the practice by offering online access and planning to upgrade the current system.
- The practice offered extended hours appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Improve patient access to the practice by telephone and monitor patients satisfaction levels with this.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received an explanation 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, including those related to fire safety and health and safety.
- Emergency equipment and medicines were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included an alternative location, emergency contact numbers for staff and key contractors. The plan was available electronically off site for all staff to access.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in the main, above average compared to the national average. However low mental health results were being addressed by a weekly clinic to review patients.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement, although only a small number had been carried out. Vulnerable patients, patients considered to be at risk and those on the palliative care register were prioritised through a notification on the clinical system.
- The practice offered the Men ACWY vaccine to young teenagers and first year students going to university for the first time to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey, published July 2016, showed patients rated the practice higher than others for several aspects of care. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example,
- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example,
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible both in the waiting areas and on the practice website.
- Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that receptionists were friendly and helpful.
- The practice had identified 84 patients as carers (approximately 1.6% of the practice list).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice reviewed the needs of its local population and engaged with NHS England and the Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and pre dementia diagnosis.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. For example, 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 79%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- The practice recognised this low figure and were planning to change the current system and in the meantime had introduced on line access for appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered an in house phlebotomy and anticoagulant service.
- There were disabled facilities, a hearing loop and translation services available.

Are services well-led?

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

- The practice had a clear vision and strategy to continually strive to provide patient centered care, to provide the best possible quality service for their patients within a confidential and safe environment and through effective collaboration and teamwork. 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Immunisation for flu and pneumococcal vaccinations were available at the practice or were offered at home or in local nursing homes if required.
- Patients over the age of 75 had a named GP and were included in the Avoiding Unplanned Admissions (AUA) register and had personalised care plans in place.
- The practice carried out weekly ward rounds in a local care home.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 70%, where the CCG average was 77% and national average was 78%.
- One of the GPs in the practice had a special interest in diabetes and had introduced care planning for diabetic patients along with referring them to specific education programmes to improve outcomes for this group of patients.

Summary of findings

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% which was comparable to the CCG average of 91% and national average of 90%.

Families, children and young people

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

Good



- 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.
- 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.
- The practice's uptake for the cervical screening programme was 74% which was comparable to the CCG average of 82% and the national average of 81%.
- The female GP and a practice nurse offered a monthly contraceptive fitting service.
- 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, health visitors and school nurses. All community staff were invited to practice safeguarding meetings.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments on a Monday and Wednesday mornings from 7.30am and 7am respectively, for patients who could not attend during normal opening hours.
- The practice enrolled in the electronic prescribing service (EPS) which allowed easy access to repeat prescriptions and patients were able to collect medicine from a pharmacy of the patients' choice.

Summary of findings

- Flu vaccinations were available at the practice. Patients were able to book appointments on Saturday for vaccinations if needed.
- The practice enrolled in the electronic prescribing service (EPS) which allowed easy access to repeat prescriptions and patients were able to collect medicine from a pharmacy of the patients' choice.
- 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.

People whose circumstances may make them vulnerable

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

Good



- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice supported the local High Impact Team when required, via tele-consultation or home visits. This team worked with local care homes to reduce the need for residents to go into hospital as 'unplanned' emergency admissions by proactively managing their health and care needs and focussing on prevention.
- 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.

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).

Good



- Performance for mental health related indicators was below the local CCG and national averages. For example: The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 68% where the Milton Keynes Clinical Commissioning Group (CCG) average was 90%

Summary of findings

and the national average was 89%. The practice recognised the low figures and had introduced a specific weekly clinic for patients with poor mental health to attend to undertake reviews and support this patient group. Following the inspection the practice submitted evidence of improvement in some areas however this was unverified data.

- percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75% where the CCG average was 86% and the national average was 84%. Additional clinics were being held to complete all reviews by the end of March 2017.
- 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 A&E, 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing largely in line with local and national averages. 274 survey forms were distributed and 117 were returned. This represented a response rate of 43% (approximately 2.2% of the practice's patient list).

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 65% 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 71% and the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 30 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some cards contained comments about the difficulty in getting through on the telephone.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice also sought patient feedback by utilising the NHS Friends and Family test (FFT) which is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results showed that between April 2016 and August 2016 of the 10 responses received, seven (70%) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice. The practice recognised that the number of responses received were low and was actively encouraging patients to complete more forms via the website and information in the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Improve patient access to the practice by telephone and monitor patients satisfaction levels with this.

Dr Robinson and Partners (also known as Westfield Road Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor.

Background to Dr Robinson and Partners (also known as Westfield Road Surgery)

Dr Robinson and Partners, also known as Westfield Surgery, is based at 11 Westfield Road Bletchley, Milton Keynes, MK2 2DJ and provides services from a single storey, purpose built location. There is a small car park with designated disabled parking bays and additional parking is available nearby. The practice serves a population of approximately 5,926 patients with a lower than average male and female population aged between 65 and 85 years. National data indicates the area served is of average deprivation in comparison to England as a whole and has low levels of unemployment.

The reception area is equipped with electronic patient arrival registration screens and a hearing loop for the hard of hearing.

The clinical team consists of two GP partners (one male and one female), a nurse practitioner, two practice nurses

and a phlebotomist. The team is supported by a practice manager, a practice advisor and a team of reception and administration staff. The practice uses three regular locum GPs (one male and two female) to support the partners.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. The practice undertakes a number of regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is open between 8am and 6.30pm Mondays to Fridays. With extended hours appointments available on Monday and Wednesday mornings from 7.30 and 7am respectively. When the practice is closed the out of hours service is provided by Milton Keynes Urgent care Services (MKUCS) for patients requiring the services of a GP. Information about this is available in the practice and on the practice leaflet, website and telephone line.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 13 December 2016. During our visit we:

- Spoke with a range of staff GPs, the practice manager and advisor, nurses and administration staff. We also 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

- 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 an incident occurred regarding the practice IT server. An investigation was undertaken and recorded by the practice. Action taken included putting in place a plan detailing how the practice would access the clinical system in the event of a system failure. Following the incident an analysis of the event was undertaken. The practice also discussed the incident at the next practice meeting.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation and 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 annually to share learning and ensure that improvements were effectively implemented. In addition the actions agreed following significant events were reviewed regularly.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that appropriate action was taken to improve safety in the practice. For example, on receipt of an alert regarding blood testing strips for monitoring diabetes the practice manager and GP discussed this with the clinical staff. Checks were carried out to identify patients that may have been affected. We saw evidence of a report created to identify all patients issued with a prescription for the affected blood glucose strips. Patients were sent a letter explaining that their monitoring equipment would be changed and why. The letter also detailed how patients would receive replacements.

Overview of safety systems and processes

- 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 and a deputy to cover for absence. 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 the appropriate level to manage child (level 3) and adult safeguarding.
- The practice held regular safeguarding meetings with community and local authority staff and all children aged under 18 years who attended A&E were reviewed routinely.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones and were trained for the role, understood their responsibilities when undertaking these duties and had received a Disclosure and Barring Service check (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 saw that the practice had a comprehensive chaperone policy and the use of chaperones were clearly recorded in the patients' notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention team 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 improvements identified as a result.
- 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).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice utilised a computer software tool to support them in managing patient medication.

- The practice carried out regular medicines audits, with the support of the Milton Keynes Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Direction (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 the reception office 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 and staff arranged cover for each other. The practice used three regular locums to provide support and cover for the GPs.

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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- All staff received annual basic life support training.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was could be accessed electronically off site. The plan included an alternative location that could be used if required. There was list of emergency contact numbers for contractors and 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 used an electronic system to access clinical guidelines pathways and safety alerts. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice regularly reviewed the records of patients with diabetes, dementia, mental illness, high blood pressure (hypertension) and those needing palliative care to ensure adherence to good practice guidelines.

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 in 2015/16 showed the practice achieved 90% of the total number of points available, compared to the Milton Keynes Clinical Commissioning Group (CCG) and national averages of 95%.

Data from 2015/2016 showed QOF targets were comparable to local and national averages:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 70%, where the CCG average was 77% and national average was 78%. Exception reporting for this indicator was 16% compared to a CCG average of 14% and national averages were 13%. (Exception reporting is the removal

of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

One of the GPs and a practice nurse had a special interest in diabetes and had introduced care planning for diabetic patients along with referring them to specific education programmes to improve outcomes for this group of patients.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% which was comparable to the CCG average of 91% and national average of 90%. Exception reporting for this indicator was 2% compared to the CCG average of 13% and national averages of 12%.

Performance for mental health related indicators was below the local CCG and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 68% where the Milton Keynes Clinical Commissioning Group (CCG) average was 90% and the national average was 89%. Exception reporting for this indicator was 0% compared to a CCG average of 17% and national average of 13%.

The practice recognised the low figures and had introduced a specific weekly clinic for patients with poor mental health to attend to undertake reviews and support this patient group. Following the inspection the practice submitted evidence of improvement in some areas however this was unverified data.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75% where the CCG average was 86% and the national average was 84%. Exception reporting for this indicator was 5% where the CCG and national averages were 7%. The GPs were carrying out an additional weekly clinic to achieve all the reviews by the end of March 2017. We saw evidence that in the last 12 months eight out of 11 reviews had been undertaken on patients newly diagnosed with dementia.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements; there was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits undertaken in the last two years, we saw evidence of 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, the practice had completed an audit of patients who were prescribed oral nutritional supplements to ensure they were receiving appropriate treatment in line with prescribing guidelines. A preliminary audit identified a need to improve processes the prescribing of the supplements and monitoring of these patients. The practice reviewed and updated its systems and the second cycle identified that awareness of monitoring and appropriate prescribing had improved.

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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions such as diabetes, COPD (Chronic Obstructive Pulmonary Disease) and cardiac disease attended study days, conferences and external events.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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. Staff also had the opportunity to undertake additional training sessions both in the practice and those sessions offered by the local Clinical Commissioning Group.

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 to, 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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice had developed template letters for parents to complete to give consent.

Are services effective?

(for example, treatment is effective)

- 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, those at risk of developing a long-term condition and those requiring advice on their diet, were signposted to the relevant service. Smoking cessation advice was available at the practice.
- There were notices up in the patient toilets to encourage young patients aged between 15 and 24 years to have chlamydia testing as appropriate.

The practice's uptake for the cervical screening programme was 74% which was comparable to the CCG average of 82% and the national average of 81%. 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 and used these appointments to offer sexual health and contraception advice. 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.

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

- 53% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 56% and the national average was 58%.

- 74% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 76% and the national average was 73%.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 97%, (national average 90%) and five year olds was 93% to 94% (CCG averages, 91% to 96%, national averages 88% to 94%). We were informed by the practice that the most recent data, as yet unpublished showed the range for under 2 year olds was now 97% to 98% and for five year olds, 93% to 98%.

The practice offered the Men ACWY vaccine to young teenagers and first year students going to university for the first time to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).

Influenza and pneumococcal vaccinations were available at the practice. Patients were able to book Saturday appointments for vaccinations if needed and those that required vaccines to be undertaken at home or in local nursing homes were also facilitated.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. The practice had invited 354 patients since January 2016 for NHS health checks and completed a number of opportunistic checks which resulted in 171 checks being carried out by December 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors for patients developing long term conditions 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.

The 30 patient Care Quality Commission comment cards we received were mostly positive about the service experienced. The majority of patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

The practice recognised comments regarding telephone access and were looking to upgrade the current system and had introduced on line services to assist patients with booking appointments and prescription requests.

We spoke with a member 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 in line with others or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the Bedfordshire Clinical Commissioning Group (CCG) average of 85% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

Are services caring?

- 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 especially those for patients with learning disabilities.

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 support groups and organisations. Information about support groups was also available on the practice website.

The practice sent congratulations cards to families on the birth of a new baby.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (approximately 1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was also information on the practice website identifying what a carer is and what support may be available and online forms for patients who may recognise that they are a carer.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with NHS England and the Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital, pre dementia diagnosis and identifying registered patients aged 14 years and over with learning disabilities to offer support and provide them with an annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and would be referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services for example, open access appointments were available daily for children under two years of age and the over 75's who also were given a separate telephone number to give quick access to the practice.
- Patients over the age of 75 had a named GP and were included in the Avoiding Unplanned Admissions (AUA) register and had personalised care plans in place.
- The practice carried out weekly ward rounds in a local care home.
- The practice supported the local High Impact Team when required, via tele-consultation or home visits. This team worked with GPs and local care homes to reduce the need for residents to go into hospital as 'unplanned' emergency admissions by proactively managing their health and care needs and focussing on prevention.
- The practice phlebotomy service carried out in-house anticoagulation testing and blood tests to help the elderly patients access care closer to home rather than travel to the local hospital.
- The practice held a register of patients with long term health conditions and all were invited for reviews. There were dedicated nurses, who operated a recall system to ensure that patients were contacted at appropriate times. Patients were usually invited by letter the nurses would telephone if required as a reminder.
- The practice held a baby immunisation clinic for both scheduled and unscheduled appointments in order that vaccinations were given at the recommended and appropriate intervals.
- Children who did not attend hospital appointments were closely monitored and the practice actively encouraged attendance by writing to the parents.
- The practice offered extended hours appointments on a Monday and Wednesday mornings from 7.30am and 7am respectively, for patients who could not attend during normal opening hours.
- The practice enrolled in the electronic prescribing service (EPS) which allowed easy access to repeat prescriptions and patients were able to collect medicine from a pharmacy of the patients' choice.
- The female GP and a practice nurse offered a monthly contraceptive fitting service.
- The practice held a register of 18 patients with learning disabilities. Annual health checks were carried out with longer appointments offered and if necessary they could be carried out at home. The practice arranged for the patients carers or family to attend regular appointments to review care plans. At the time of inspection only five patients had received a review so the practice had put in place additional clinic to review the remaining patients by the end of March 2017.
- Practice staff were regularly updated to be vigilant for signs of abuse/neglect in patients and information with contact details was readily available on whom to contact in and out of hours.
- Patients could be referred or self-refer to counselling services.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had a register of patients with dementia and annual health checks were carried out for these individuals. The practice actively screened patients for dementia.
- Patients with a history of self harm or suicide were monitored regularly.

Access to the service

The practice was open between 8am and 6.30pm Mondays to Fridays and offered extended hours appointments available on Monday and Wednesday mornings from 7.30 and 7am respectively. Pre bookable appointments and telephone consultations were offered for patients unable to attend on the day or did not require a face to face appointment. The out of hours service was provided by Milton Keynes Urgent Care Services (MKUCS) for patients requiring the services of a GP when the practice was closed. Information about this service was available in the practice and on the practice leaflet and website.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 79%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

Some of the comment cards we received during our inspection also reflected concerns about accessing the practice by telephone. The practice was investigating the options of a new telephone system and had implemented changes in the interim for example, offering online appointment bookings.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requests were received by receptionists and managed by the duty doctor who would action them appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- The patient liaison officer handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

We looked at two complaints received between June 2015 and August 2016 and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Action was taken as a result to improve the quality of care. For example, we saw that when the practice received a complaint from a patient who was dissatisfied with the treatment they received. This was discussed at the next practice meeting. Procedures were reviewed following the incident to reduce the risk of recurrence.

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 the highest standard of health care and advice to their patients with the resources available to them. The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values.

The practice vision was to continually strive to provide patient centered care, to provide the best possible quality service for their patients within a confidential and safe environment and through effective collaboration and teamwork. The practice had a strategy and supporting business plan, which reflected the vision and values and these were regularly monitored. This included forward planning and recruitment of salaried GPs.

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 people an explanation, 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.

The practice had gathered feedback from patients through a patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group and the practice communicated via emails most recently on National Patient Survey results and as a result how the practice could improve the patient experience of making appointments. 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.