

Millbarn Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

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 Millbarn Medical Centre on Tuesday, 26 July 2016.

Overall the practice is rated as good. However, the practice is rated as requires improvement for the provision of safe services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Risk management was inconsistent. A legionella risk assessment had not been completed. The gas boiler had not been serviced in accordance with guidance. A risk assessment for a non-responder to a course of

Summary of findings

immunisation had not been completed and the management of the cold chain policy did not detail the actions to take if there was a break in the cold chain.

- Training in safeguarding of children had not been completed to an appropriate level for all staff.

The areas where the provider must make improvement are:

- Undertaking a risk assessment for the member of staff whose course of hepatitis B immunisations had not resulted in attaining immunity.
- Ensuring health and safety executive guidance is followed to comply with gas safety regulations.
- Ensuring staff are briefed and supported by written guidance on details of how to respond to a cold chain incident.

- Ensuring health care assistants receive the appropriate level of training in safeguarding of children.
- Ensure a legionella risk assessment is undertaken.

The area where the provider should make improvement is:

- Ensuring arrangements are in place for patients with a learning disability to receive an annual health check, undertaken by an appropriate provider, and have an agreed care plan in place.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Processes to assess risk were operated inconsistently.
- The practice was aware of a member of staff not responding to a course of immunisation but had not completed a risk assessment for the staff member.
- The practice could not demonstrate that they had undertaken a risk assessment for legionella.
- The risk associated with not having the gas supply certified as safe and the gas boiler serviced had not been identified.
- The practice had a cold chain procedure (required to ensure medicines requiring refrigeration are kept at appropriate temperatures. However, this did not include reference to the action to take if the cold chain was broken.
- Health care assistants (HCAs) had not completed an appropriate level of training in child safeguarding. However, the practice organised this following our inspection.

However, there were examples of good practice:

- There was an effective system in place for reporting and recording significant events
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. Staff were clear in their responsibilities to report any concerns where patients may have suffered abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Summary of findings

- 81% of patients diagnosed with diabetes were meeting the target blood pressure compared to the CCG and national average of 78%.
- 85% of patients diagnosed with hypertension (high blood pressure) were meeting the target blood pressure compared to the CCG and national average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement although the practice did not have an audit plan in place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, an ear, nose and throat (ENT) clinic was established at the practice. This benefitted patients from the local community by providing the service close to home and reducing visits to the hospital outpatient department.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

Are services well-led?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Hearing tests were available at the practice and these were carried out by practice staff.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average. For example, 100% of patients aged over 75 with a fragility fracture were prescribed bone sparing medicine which was better than the CCG average of 92% and national average of 93%.

Good



People with long term conditions

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

- The practice offered GP led delivery of services to patients with long term conditions.
- Patients at risk of hospital admission were identified as a priority.
- 97% of patients diagnosed with diabetes had a foot examination and associated risk assessment which was better than the CCG average of 90% and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients 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 patients 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 84%, which was comparable to the CCG average of 84% and above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Extended hours clinics were held on a Monday evening until 7.30pm by all practice GPs.
- Telephone consultations were available.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. The practice had not adopted the programme to offer annual health checks for patients 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice registered patients from a local travelling community. These patients were offered reminders to attend their appointments. Those that had difficulty reading and writing received additional verbal information to support the care and treatment advice being offered.

However,

- Patients diagnosed with a learning disability had not received an annual health check in the last year.

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).

- 91% of patients diagnosed with a severe and enduring mental health problem had an agreed care plan recorded. This was better than the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. There were 239 survey forms distributed and 107 were returned. This represented 1.4% of the practice's patient list and a 45% response rate.

- 76% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 82% 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 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. However, one contained concerns regarding booking appointments by telephone. All patients referred to caring GPs and nursing staff who gave time to patients during their consultations. Patients also referred to being given good information upon which to reach decisions about their care and treatment.

We spoke with nine patients during the inspection, of which two were members of the patient participation group (PPG). All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed. Millbarn Medical Centre achieved an 88% satisfaction rate in the NHS Friends and Family Test.

Areas for improvement

Action the service **MUST** take to improve

- Undertaking a risk assessment for the member of staff whose course of hepatitis B immunisations had not resulted in attaining immunity.
- Ensuring health and safety executive guidance is followed to comply with gas safety regulations.
- Ensuring staff are briefed and supported by written guidance on details of how to respond to a cold chain incident.

- Ensuring health care assistants receive the appropriate level of training in safeguarding of children.
- Ensure a legionella risk assessment is undertaken.

Action the service **SHOULD** take to improve

- Ensuring arrangements are in place for patients with a learning disability to receive an annual health check, undertaken by an appropriate provider, and have an agreed care plan in place.

Millbarn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Millbarn Medical Centre

Millbarn Medical Centre is a purpose built medical facility. It opened in 1976 and refurbishment and extension of the premises was undertaken in 2004. Approximately 7,600 patients are registered with the practice. The practice is accessible from the local station and bus routes run nearby.

There are four GP partners at the practice and they are equivalent to 3.8 whole time GPs. Two are male and two female. The practice nursing team comprises two practice nurses and two health care assistants (HCAs). They are equivalent to 1.99 whole time staff. The practice manager is supported in the day to day management of the practice by a head receptionist and a team of 12 part time administration and reception staff. The practice is accredited to train qualified doctors who are seeking to become GPs.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are offered from 8.30am to 12.50pm every morning and 1.40pm to 5.40pm daily. Extended hours appointments are offered on a Monday evening between

6.30pm and 7.30pm. The practice has opted out of providing the out-of-hours service. This service is provided by Care UK and they are accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, at the entrance to the practice and over the telephone when the surgery is closed.

According to data from the Office for National Statistics, Buckinghamshire has a high level of affluence and minimal economic deprivation. Data also shows the local population to be over 95% white British.

The age distribution of the registered patients is mostly similar to the national averages. Although there is a slightly higher than average number of patients aged between 0 and 14 and 40 to 54 years of age. However, the number of patients over 85 years of age is significantly higher than the national average.

Ear, nose and throat (ENT) clinics are held at the practice. They are run by one of the GP partners with specialist skills in this area of medicine. The clinics are for patients from the local area and reduce the need for patients to attend the general hospital for this service.

All services are provided from:

Millbarn Medical Centre, 34 London End, Beaconsfield, Buckinghamshire, HP 9 2JH

This is the first inspection of the practice.

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 July 2016. During our visit we:

- Spoke with three GPs, a health care assistant and three members of the administration and reception team. We had also held a telephone conversation with a practice nurse two days prior to inspection because they were not able to be present at the inspection.
- Also spoke with nine patients who used the service, two of whom were members of the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice recorded an incident where a locum GP had not made a prompt safeguarding referral. One of the GP partners corrected the matter and made the referral as soon as they were made aware of the issue. The practice took action to ensure a similar occurrence was avoided. They ensured locum GPs were trained to level three in child safeguarding. They also ensured locum GPs were briefed on the practice safeguarding procedures. All referrals made by locum GPs were reviewed to ensure they were appropriate.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some processes were not operated consistently. The systems and processes included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to level two. Other staff, including the health care assistants (HCAs), were trained to level one. Current guidance advises that HCAs should be trained to level two in safeguarding children. We discussed our findings with the lead GP and they told us they would ensure the HCA's enhanced their training. Within two days of the inspection the practice sent us evidence to confirm the training had been scheduled. All staff had received training in safeguarding vulnerable adults. Minutes of the practice monthly learning meetings showed us that the GP safeguarding lead had updated the team in safeguarding procedures in the last year.

- A notice in the waiting room, and in all treatment and consulting rooms, advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, by the Chiltern Clinical Commissioning Group (CCG) lead for infection control, and we saw evidence that action was taken to address any improvements identified as a result. For example, a fridge was purchased to hold specimens awaiting collection and a contract for collection and disposal of sanitary waste was established.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We noted that the practice prescribing of antibiotics was higher than other practices. We were told that this was affected by the prescribing for patients attending the ear, nose and throat (ENT) clinic which was held at the practice. The antibiotic medicines prescribed for patients from other practices were therefore being allocated to the practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We noted that the practice had a policy for maintenance of the cold chain for vaccines and medicines that were required to be held in refrigerators to maintain their appropriate temperature. The practice monitored the temperatures of the vaccine fridges. We saw the cold chain policy referred to taking action if a fridge temperature was out of range but did not describe the action to take.

- The practice held records of the immunisation status of clinical staff. These showed that one member of staff had received a course of immunisation against hepatitis B that had not resulted in them achieving immunity. (Hepatitis B is a type of virus that can infect the liver. This virus can be contracted by health care personnel and others as a result of a needle stick injury if they have not been immunised against the virus). The practice had not completed an individual risk assessment for this member of staff to protect patients and the member of staff in the event of an injury that might involve hepatitis B.
- We reviewed six 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

The management of risk was inconsistent.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However these procedures were inconsistently managed. There was a health and safety policy available with a poster in the staff beverage area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Maintenance of the premises was undertaken and we saw that the electrical systems in the building had been checked and certified safe in 2014. However, there were no records of the boiler being serviced since 2013. Therefore, the safety of the gas heating system had not been certified. A service and safety certificate for gas heating systems is required on an annual basis.
- The practice had commissioned external safety consultants to undertake a thorough risk assessment of the premises. This was commissioned to supplement risk assessments previously completed by the practice. The assessment had been undertaken in early July 2016 and the report was awaited.
- 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. Water quality was tested annually by sending samples away for analysis to detect whether legionella was present. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice did not demonstrate that they had undertaken a legionella risk assessment. Guidance from the Health and Safety Executive (HSE) requires person responsible for public buildings to have undertaken such an assessment. Any control measures identified from the assessment should be followed up.
- 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

Are services safe?

place for all the different staffing groups to ensure enough staff were on duty. Staff were multi-skilled to cover the absences of colleagues. For example, one of the secretaries was trained to cover reception.

- The practice had identified the need to enhance their management of health and safety processes. They had appointed a specialist company to undertake safety management on their behalf. However, this arrangement had only been in place for just over a month and it was too early to assess any improvement arising from a specialist overview.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We noted that the practice had undertaken a risk assessment to determine the need to hold a medicine which was used for patients who had taken a drug overdose. The conclusion of the risk assessment was that this medicine was not required.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. These results were better than both the CCG average of 97% and national average of 95%. The practice overall exception rate from QOF indicators was 7% which was below the CCG average of 8% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was 100% which was better than the CCG average of 93% and national average of 89%. We reviewed the exception rates for 10 of these indicators and found that the rates of exception were lower than average in 9 of the 10.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and national average of 93%.
- 85% of patients diagnosed with hypertension (high blood pressure) achieved the target blood pressure compared to the CCG and national average of 84%.

- 83% of patients diagnosed with asthma had an annual review which was better than the CCG and national average of 75%.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits undertaken in the last two years. Four had been undertaken in the last year of which two were completed audits where the improvements made were implemented and monitored. We noted that audit topics were chosen in response to specific interests, medicine alerts and incidents. However, the practice did not have an annual audit plan.
- 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 two audit cycles to confirm that do not attempt cardio pulmonary resuscitation (DNACPR) forms were appropriately completed and updated for patients residing in a local care home. The first audit identified 18 patients with DNACPR forms completed. Of these 33% had been completed and reviewed appropriately. The practice initiated a review system with the care home to ensure each patient had their DNACPR status checked and updated on a six monthly cycle. The second audit identified 21 patients with a DNACPR form completed. Of these 20 (95%) had been completed and reviewed appropriately. This ensured that the wishes of the patient were kept up to date along with the clinical assessment of whether DNACPR was appropriate.

Information about patients' outcomes was used to make improvements such as: the practice had identified that they did not have a large number of carers registered for their caring role. This meant that patients undertaking caring roles might not be receiving the support and advice they needed. The practice initiated, with the support of their PPG, a drive to heighten awareness of the benefits of registering caring responsibilities. This included setting up a Beaconsfield Carer Support group.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice kept records of completion of induction programmes and we saw records of newly appointed staff having a three month review after joining to assess their competence in their role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The reviews of patients with long term conditions were undertaken by the GPs although we noted that one of the practice nurses was due to commence training to support patients with respiratory diseases.
- 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, discussion at practice meetings and attendance at refresher courses.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff, who had been in post for over a year, had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

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 (MCA). Guidance on undertaking a MCA assessment was displayed in each of the consulting and treatment rooms.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- GPs were able to refer patients to local groups for advice on weight management, exercise and smoking cessation.
- Nationally reported data for the period up to March 2015 showed the practice had given advice to 77% of smokers aged over 15 in the previous two years. This was below the CCG average of 88% and national average of 87%. The practice had identified they needed to improve their performance in this area of health

Are services effective?

(for example, treatment is effective)

promotion. The most recent data produced by the practice for the last 12 months which identified an improvement to 85% of smokers being offered smoking cessation advice.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% and above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

- 77% of female patients between 50 and 70 years old attended the national screening programme for breast cancer in the last three years. This was comparable to the CCG average of 76% and national average of 72%.

- 61% of patients between 60 and 69 years old attended the national bowel cancer screening programme which was similar to the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% compared to the CCG average range of 93% to 97%. For five year olds the practice range of immunisation was from 77% to 99% compared to the CCG average range of 79% to 96%.

There were two patients registered who had been diagnosed with a learning difficulty. Neither had received an annual health check, conducted by the practice or an alternative provider, in the previous year. These patients did not have an agreed care plan in place. The practice had commenced work on checking their identification of patients with a learning disability because they felt they had not captured all patients in this group and included them on their register.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 14 patient Care Quality Commission comment cards. Of these 13 were wholly positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We passed on the comments from the 14th patient to the practice for their consideration.

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

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 87% 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 in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care which matched the CCG and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. However, the service was rarely required because the majority of patients were of white British origin with English as their first language.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (0.9% of the practice list). The practice was aware that the number of registered carers was low. They had recently taken initiatives to encourage patients with caring

responsibilities to register their caring role. This included; hosting a 'Carers Bucks' event and having a dedicated notice board with information for carers. A member of the PPG was also a carer and had worked with the practice to establish a Beaconsfield carers group to raise awareness of the support carers could access. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a condolence 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 the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the GP partners was trained in ENT medicine and the CCG had commissioned the practice to operate an ENT clinic. This benefitted practice patients and others from nearby practices. A range of tests and treatments were available which reduced the need for attendance at the general hospital.

- The practice offered an extended hours clinic on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice registered patients from a local travelling community. These patients were offered reminders to attend their appointments. Those that had difficulty reading and writing received additional verbal information to support the care and treatment advice being offered.
- The majority of consulting and treatment rooms were located on the ground floor. Patients identified as having difficulty managing stairs were always seen on the ground floor.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.50pm every morning and 1.50pm to 5.40pm (extra patients were seen and telephone consultations were available after this time) daily. Extended hours appointments were offered

between 6.30pm and 7.30pm on Monday evening. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 69% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 73% and the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

The practice had not received any concerns from patients relating to opening hours and we noted that the results from the friends and family recommendation test were positive. The Monday evening extended hours clinic was undertaken by all GPs giving choice to patients who were not able to attend during normal opening hours.

Patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them and this was also reflected in the 14 comment cards we received.

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 for home visits were recorded and allocated to the patient's usual GP. The GP assessed the urgency for the visit. This was done by checking the patient's records, from their personal knowledge of the patient or by calling the patient. If the patient's usual GP was not available the duty GP was allocated the visit and called the patient to assess the clinical need.

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.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The details were displayed on a noticeboard and were also held on the practice website and patient leaflet.

We looked at the records of eight complaints received in the last 12 months. These demonstrated that the practice investigated complaints and responded to patients in an open and timely manner. Lessons were learnt from

individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the death of a patient had not been recorded on the practice patient record immediately it was known by one of the GPs. The practice investigated the complaint from the deceased patient's relatives and an apology was sent to them. The practice reinforced the need to record the death of a patient as soon as it was known. A double check arrangement was put in place for a member of the secretarial team to check the entry had been made. This ensured all practice staff were aware and contact from the relatives of the deceased patient could be communicated with appropriately.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This was supported by the practice underpinning their vision by stating their purpose of caring for the community.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However,

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistently applied.
- Monitoring of risk had not identified missing risk assessments for legionella and a personal risk assessment for a non-responder to a course of immunisations. We also found the practice had not identified the need to enhance the safeguarding level of training for HCAs. However, the HCA we spoke with was knowledgeable about identifying possible signs of abuse and how to report any concerns. The gas supply and gas boiler had not been checked, serviced and certified safe for three years (annual safety certification was required).

Whilst we did not identify any cold chain incidents in 2016 we found the practice cold chain policy did not contain instructions on the action to take should a break in the cold chain occur.

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 high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us, and we saw records of, the practice holding full practice team meetings and learning sessions on 11 occasions each year.
- 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. We noted team away days were held every year.
- 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.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG identified that a handrail on the stairs was not positioned correctly to assist patients who were seen in the consulting rooms on the first floor. The practice responded with the fitting of a second handrail within two weeks of the issue being identified. The PPG also identified a need for a patient newsletter. The practice supported the proposal and two editions of the newsletter had been produced. We noted that the newsletter was prepared with the PPG and carried an endorsement of being for patients by patients.
- The practice had gathered feedback from staff through an annual staff away day and generally 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. We noted an example of the medical secretaries raising a concern about the amount of work they received and the manner in which they were required to process the work. The practice invested in voice recognition software that enabled more efficient processing of letters.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had identified the benefits of moving to new premises and had submitted a bid to do so.

Nursing staff had identified the benefits of being trained to support patients with long term conditions. Approval had been given for training in management of respiratory conditions.

The practice was reorganising the support to patients residing in local care homes. This would result in all residents in the home closest to the practice being registered with the practice. Consistency of care could then be delivered to all the residents.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure systems were in place to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with failure to complete required risk assessments and failing to complete building safety checks.</p> <ul style="list-style-type: none">• A legionella risk assessment had not been completed.• The safety of the gas supply and boiler had not been checked and certified.• Guidance on how to deal with a break in the cold chain for medicines had not been produced.

Requirement notices

- A personal risk assessment had not been completed for a member of staff who had not responded to a course of immunisation.

This was in breach of regulation 17 (1), (2), (a), (b) & (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18.—(2) Persons employed by the service provider in the provision of a regulated activity must—

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

How the regulation was not being met:

The registered person had not ensured all staff received training to appropriate levels.

- The appropriate level of safeguarding training had not been completed by health care assistants.

This was in breach of regulation 18 (2), (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.