

Trinity Health (New Chapel Surgery)

Quality Report

High Street, Long Crendon

Aylesbury

HP18 9AF

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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 Trinity Health, New Chapel Surgery, High Street, Long Crendon, Aylesbury, HP18 9AF on 7 October 2015. Overall the practice is rated as good.

Specifically, we found the practice was good for providing safe, effective, responsive, caring and well led services. The population groups are rated as good for the patients registered at the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients were assessed and well managed. Fire and legionella risk assessments had been carried out recently and the practice was in the process of implementing the action plans arising from these assessments.
- Data showed positive patient outcomes from care and treatment provided. Audits had been carried out and we saw evidence that audits were driving improvement in patient outcomes.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested. However patients said that they sometimes had to wait for non-urgent appointments with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the waiting area was congested and there was no low level desk at the front reception.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice including:

- Innovative treatment has been developed such as, a live well project involving an in-house psychologist providing training and support to the nurses conducting reviews to improve consultation skills and provide health empowerment to the patients. This project has improved the outcomes for patients with long term conditions.

The areas where the provider should make improvements are:

- Ensure repairs are carried out to the faulty automatic door at the main entrance.
- Ensure an induction pack is available to locum and trainee GPs.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Medicines, vaccines and controlled drugs were handled safely. Prescriptions were always tracked and monitored safely. There was a lead for safeguarding adults and child protection. There was a system to highlight vulnerable patients on the patient electronic record.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Consent was regularly obtained and recorded in electronic records for minor procedures and treatments. There was evidence of completed clinical audit cycles and that audit was driving improvement in performance to improve patient outcomes. Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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

Good



Summary of findings

example, the practice had responded to the needs of ageing population by securing the funding for 'dementia friendly status' and innovated 'live well' project for patients with long term conditions. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day. 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 that 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. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 people in its population. For example, the practice had launched a 'care and support planning programme' and developed a frail elderly assessment and recording system which included discussions for end of life care. Patients aged over 75 had a named GP to promote continuity of care. Flu vaccinations rates for over 65 were similar to the national average. The premises were accessible to those with limited mobility but the automatic main door was not working and the waiting area was congested. The practice was responsive to the needs of older people and offered home visits and rapid access appointments for those with enhanced needs. One of the nurse practitioners was working as a practice link person between practice and local nursing home. There was a register to manage end of life care and unplanned admissions. There were good working relationships with external services such as district nurses.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The practice nurses were running specialist clinics for managing long term conditions, weight management and attending regular review meetings with local cancer support nurses. The practice was offering in-house anti-coagulation clinic (An anticoagulant is a medicine that stops blood from clotting). The practice was one of the pioneers of 'live well' which is a local programme that recognised the links between physical and psychological well-being. The practice nurses were well supported by in-house psychologists to run this programme by improving the consultation skills of the nurses so they can carry out effective reviews for the patients with long term conditions. Data showed the care of this group of patients was regularly reviewed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Patients told us that children and young people

Good



Summary of findings

were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Staff were aware of the legal requirements of gaining consent for treatment for those under 16. Chlamydia testing kits were available for under 25s. Appointments were available outside of school hours. The uptake of childhood immunisations was above the national and local clinical commissioning group (CCG) averages. Antenatal appointments and postnatal clinics were available. The practice worked with health visitors to share information and provide a continuity of care for new babies and families. The practice manager was attending local children's centre advisory board 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). The needs of the working age population, those recently retired and students (one third of registered patient population) had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours appointments were available one late evening from 6pm to 7:50pm (alternative Tuesday and Wednesday at the Brill and Thame branch practices) and every Saturday from 8:30am to 10:30am at Long Crendon surgery. 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered annual health checks for people with learning disabilities, for example, there was evidence that health checks were completed for 11 patients out of 18 patients on the learning disability register. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most 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. A translation service was

Good



Summary of findings

available for patients who did not speak English. Flu vaccination uptake was 50% for carers. The practice was due to participate in a 'carers community event' in the week after inspection in Long Crendon area.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including people with dementia). Sixty two per cent of patients experiencing poor mental health were involved in developing their care plan in last 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had identified 202 patients at early risk of dementia and after initial screening referred 18 patients to memory clinic. The practice was recently awarded 'dementia friendly practice' status which included the construction of sensory garden (only in the Brill surgery), setting up of dementia friendly consulting rooms, dementia resources for patients and carers in each site and dementia awareness training for all staff.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Clinical staff had received training on Mental Capacity Act.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 8 January 2015 showed the practice was performing in line with local and national averages. There were 113 responses and a response rate of 45%.

- 80% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 63% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 81% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 56% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 51% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients we spoke with and comments we received were very positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure repairs are carried out to the faulty automatic door at the main entrance.
- Ensure an induction pack is available to locum and trainee GPs.

Outstanding practice

The practice in-house psychologist had developed a 'live well' project that recognised the links between physical and psychological well-being. The practice nurses were well supported by in-house psychologist to run this programme by organising workshops focusing to improve consultation skills. The nurses and psychologist were using 'care and support planning programme' and 'cognitive behavioural therapy' (CBT) techniques and helping patients to live well with their long term

conditions by learning new ways of managing their symptoms. (CBT included talking therapy that was useful in managing mental and physical health problems by changing the way patients think and behave). Data showed patients outcomes were good for medicines and long term conditions reviews. For example, 98% patients with diabetes and coronary heart disease had attended medicine reviews in the last year.

Trinity Health (New Chapel Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Trinity Health (New Chapel Surgery)

The Trinity Health (New Chapel Surgery) is situated in Long Crendon area. The practice is located in a converted church building. There was ramp access for patients and visitors who had difficulty managing steps. The practice comprises of two consulting rooms, one treatment room, one healthcare assistant room, a patient waiting area, a dispensary and administrative and management office and a meeting room. The practice also has two branch surgeries in the Brill and Thame area.

There are five GP partners, two salaried GPs and one trainee doctor at the practice. Three GPs are male and four female. The practice employs two practice nurses, one nurse practitioner and a nurse manager. There are three dispensers and a senior dispenser. The practice manager is supported by a lead receptionist and a team of

administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice has approximately 11,250 patients registered and patients can attend any of the three practice locations. We only visited Trinity Health (New Chapel Surgery) as part of this inspection. Long Crendon surgery has a patient population of approximately 3,400. The practice population of patients aged between 40 and 69 years is higher than national and clinical commissioning group (CCG) averages and there are a higher number of patients over 75 years old. This is a training practice and a trainee doctor was not available at the time of the inspection.

Services are provided from following three locations:

Trinity Health (New Chapel Surgery)

High Street, Long Crendon

Aylesbury

HP18 9AF

Trinity Health (Brill Surgery)

22 Thame Road, Brill

Aylesbury

HP18 9SA

Trinity Health (Thame Health Centre)

East Street, Thame

Oxfordshire

OX9 3JZ

Detailed findings

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes before opening and after closing (between 8am and 8:30am and 6pm and 6:30pm) by Bucks Urgent Care or after 6:30pm, weekends and bank holidays by calling NHS 111.

We carried out an announced comprehensive inspection of the practice on 7 October 2015. We visited Trinity Health (New Chapel Surgery) during this inspection.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service on 7 October 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, 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

Prior to the inspection we contacted the Aylesbury Vale Clinical Commissioning Group (CCG), NHS England area team and local Health watch to seek their feedback about

the service provided by Trinity Health at their three practices. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 7 October 2015. We spoke with 12 patients and 15 staff. Comment cards had been available for patients to complete prior to our inspection and there were 18 completed cards.

As part of the inspection we looked at the management records, policies and procedures, and we observed how staff interacted with patients and talked with them. We interviewed a range of practice staff including GPs, nursing and dispensary staff, managers and administration and reception staff.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events and complaints received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and investigated by the practice manager. The practice carried out analysis of significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had identified dispensing of incorrect strength of inhalers as a significant event. We saw that practice had investigated this incident thoroughly and advised staff to be more careful when dispensing medicine and use the brand names of medicines rather than generic names.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the practice to communicate and act on risks and gave a clear, accurate and current picture of safety. We saw evidence that medicine alerts were shared with clinical staff and acted on. For example, staff were using administration notes via an electronic patient record system for internal communication between three surgeries branches.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessment in place. The practice had developed a detailed action plan to address the issues identified during recent fire risk assessment including regular fire drills starting from November 2015. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as building health and safety, infection control and legionella (a bacterium which can contaminate water systems in buildings). However, the practice had received a legionella risk assessment report from the external contractor a day before the inspection, which had identified number of high risk areas. The practice had a detailed action plan to address the issues identified and further appointment was booked with contractor to complete the work by 31 October 2015.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and controlled drugs and found they were stored securely and were only accessible to authorised staff. For example, controlled drugs were

Are services safe?

stored in a locked cupboard and key code was only known to the dispensing team. Controlled drugs were ordered as needed and two dispensers carried out routine and monthly stock checks. Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

- Prescription pads were securely stored and there were systems in place to monitor their use. For example, prescription blank forms were only printed into the dispenser's printer so no forms were stored in any consulting rooms. Blank prescription pads required by the GP for home visit were kept in a locked cupboard and key code was only known to the dispensing team.
- Records showed fridge temperature checks were carried out twice a day. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. For example, we noticed from records that a fridge was recorded as having high temperatures over the recommended limit in January 2015. We saw evidence the practice contacted manufacturer for further advice and followed the cold chain policy. We saw an incident form had been completed, learning from the incident was shared and all relevant policies were reviewed to ensure the good practice.
- Recruitment checks were carried out and the five staff files we reviewed showed that 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 (DBS). The practice had reviewed their staff recruitment and retention procedures and identified areas for improvement. An action plan, including DBS for all non-clinical staff who had been employed for longer than 18 months, had been put in place.

- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

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 and contractors.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014-15, the practice had achieved 100% of the total number of points available, compared to 95% locally and 94% nationally, with 3.4% exception reporting. Data from 2014-15 showed;

- Performance for diabetes related indicators was better to the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 91% locally and 90% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 88% locally and 88% nationally.
- Performance for mental health related and hypertension indicators were better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 93% locally and 90% nationally.
- The dementia diagnosis rate was above to the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 96% locally and 93% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and people's outcomes. The

practice had carried out number of repeated clinical audits cycles. We checked three clinical audits completed in the last two years, where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of Intrauterine contraceptive device (coil) fittings. The aim of the audit was to reduce waiting times for fittings due to increased demand. The first audit demonstrated that patients were waiting three to four weeks compared to nine weeks in the previous year because the practice offered more appointments. The practice recruited two new salaried GPs who were both coil fitters and reviewed relevant protocols. We saw evidence that the waiting time had been reduced to two to three weeks by the third audit period as practice was offering more coil fitting appointments on all three branch surgeries.

Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. However, an induction pack was not available to locum and trainee GPs.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and adults, fire safety, basic life support, mental capacity, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.
- The surgery was a training practice for doctors, who were training to be qualified as GPs. The trainee doctor was not available on the day of our visit but we received positive feedback from the salaried GP we spoke with. The provider informed us they recognising the

Are services effective?

(for example, treatment is effective)

increasing skill and efficiency of the trainees as they became more experienced and held regular case briefing discussions guided by the trainee doctors. One of the partners had completed a training course 'train as a trainer' as the practice was expecting increase in numbers of trainee GPs.

- There was a strong focus on continuous learning and improvement at all levels within the practice. For example, we saw reception staff were completing NVQ courses in customer service and buttercup (a course for dispensing medicine) training was offered to all dispensary staff.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice had identified 61 patients who were deemed at risk of admissions and care plans had been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a

patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients receiving end of life care, carers, those at risk of developing a long-term condition, homeless patients and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group. The practice was offering smoking cessation advice and data showed 91% smokers had been given stop smoking advice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 60% of patients eligible had undertaken bowel cancer screening and 78% of patients eligible had been screened for breast cancer.

Childhood immunisation rates for the vaccinations given to under ones were 99% which was above CCG average of 97%, under twos were 97% which was above CCG average of 95% and five year olds were 94% which was above CCG average of 93%. Flu vaccination rates for the over 65s were 73%, and at risk groups 62%, compared to national averages of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

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

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Are services caring?

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

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a smoking cessation clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hour appointments on one evening until 7:50pm (alternative Tuesday and Wednesday at Brill and Thames surgeries) and every Saturday from 8:30am to 10:30am at Long Crendon surgery 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 or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing aid loop and translation services available.
- There were named GPs for all patients.
- Homeless patients were able to register at the practice.
- Patients were able to access their blood test results on the practice website.
- The practice was forward thinking and responded to the needs of ageing population by winning a competition to have dementia friendly status. The practice had taken number of steps to support patients with dementia and their carers including: the construction of sensory garden (only in the Brill surgery), setting up of dementia friendly consulting rooms, dementia friends with in the practice, dementia awareness training for all staff and dementia resources for patients and carers in each site. The practice had higher than national older population and identified the patients with early risk of dementia.

The practice had implemented a care planning project for patients with dementia and the practice was expecting improved outcomes for dementia patients in the future.

- The practice had responded to the needs of patients with long term conditions by developing a 'live well' project that recognised the links between physical and psychological well-being. The practice in-house psychologist had organised workshops for nurses to improve their consultation skills. The nurses and psychologist were offering combination of services to support patients which included: care and support planning programme, cognitive behavioural therapy (CBT) or talking therapy, intervention with a health trainer, nutrition advice from the community dietetic service or referral to another service. These services were helping patients to live well with their long term conditions by learning new strategies of managing their symptoms. Data showed patients outcomes were good for medicines and long term conditions reviews. For example, 98% patients with diabetes and coronary heart disease had attended medicine reviews in the last year.
- The practice had worked closely with local comprehensive school. For example, the practice provided representation in career fair on an annual basis at comprehensive school. Two students provided their input for 12 months through patient participation group (PPG) and contributed their views on the health services young patients need. They developed a poster to encourage young people at school about accessing appointments with online services.

Access to the service

The surgery was open from 8:30am to 6pm Monday to Friday. In addition one of the practice GPs was available for 30 minutes before and after surgery opening and closing times Monday to Friday. The surgery was closed on bank and public holidays and patients were advised to call 111 for assistance during this time. The surgery offered range of scheduled appointments to patients every weekday from 8:30am to 6pm including urgent appointments, same day telephone advice and triage and face to face minor illness service with nurse practitioners. The surgery opened for extended hours appointments one late evening from 6pm to 7:50pm (alternative Tuesday and Wednesday at Brill and Thames surgeries) and every Saturday from 8:30am to 10:30am at Long Crendon surgery. In addition to

Are services responsive to people's needs?

(for example, to feedback?)

pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly. For example, next routine appointments with duty GP were usually available after one to two weeks and with named GP after two to three weeks.

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. For example:

- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

However the result was lower than local and national averages for:

- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.
- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.

However, the patients we spoke to on the day informed us they were able to get appointments when they needed them. One of the patients commented 'how lucky they

were to even have a surgery in such a small village'. The practice informed us they recognised that there was more work to do to support patients with appointment arrangements and triage systems.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at seven complaints received in the last two years and found that all had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

Lessons were learnt from concerns and complaints raised by the patients and as a result action was taken to improve the quality of service. For example, it was learnt to improve communication and reception staff to inform the patients in the waiting area if clinicians were running late.

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 mission statement and a statement of purpose. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice aims and objectives included working in partnership with patients and staff to provide the best quality patient centred healthcare. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients. 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.
- Staff had a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice. The partners in the practice were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

Leadership, openness and transparency

There was a clear leadership structure with named members of staff in lead roles. All staff were clear on their responsibilities and clear lines of accountability were in place. For example, there was a lead nurse for infection control and a partner was the lead for safeguarding.

The partners in the practice had the experience and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, surgery evening opening hours were reviewed and furniture was changed following feedback from the PPG. The practice had encouraged two students from the local comprehensive school to contribute their views for 12 months through patient participation group.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

Are services well-led?

Good 

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

There was strong focus on continuous learning and improvement at all levels within the practice. The practice also developed new ways of improving services and access to services for the registered patients. For example, the practice had developed a local programme 'live well' that recognised the links between physical and psychological well-being and helped patients to discover new ways of coping with their medical condition. The practice nurses were well supported by an in-house psychologist to run this programme.

The practice was forward thinking and proactively planned services for older patients (higher than national average). For example, the practice secured the funding for dementia friendly services and a nurse was working as a link worker between a nursing home and the practice.