

The Stonedean Practice

Quality Report

The Health Centre, Market Square, Stony Stratford,
Milton Keynes, Buckinghamshire, MK11 1YA

Tel: 01908 261155

Website:

Date of inspection visit: 1 February 2016

Date of publication: 14/03/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to The Stonedean Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Stonedean Practice on 1 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- Access to the service was monitored to ensure it met the needs of patients. Outreach clinics were held for a local village to enable elderly and vulnerable patients to receive care and services.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- To ensure the business continuity plan accurately reflects planned actions to be taken in the event of practice closure or inaccessibility.
- Ensure that evidence of appropriate disclosure and barring service checks for staff are readily accessible.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation of events, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Disclosure and barring service checks had been undertaken on relevant staff but they were not available to view on the day of the inspection.
- The practice had a business continuity plan but this was not accurate. The practice informed us that they planned to update the plan following our inspection.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a robust and comprehensive programme of audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff. Supervision, mentoring and training was available and accessible to all staff.
- Staff worked with multidisciplinary teams 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



Summary of findings

- Data from the national GP patient survey published 7 January 2016 showed patients rated the practice higher than others for several aspects of care.
- National GP patient survey data showed patients to be less satisfied with care provided by nurses. However, patients spoken with and completed CQC comments cards viewed reflected that patients were satisfied with the nurse care they received. 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 observed staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided an enhanced service for patients over the age of 75 which equated to 5% of the overall practice population. This service had enabled the practice to reduce the risk of these patients requiring emergency admission to hospital.
- 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 existing patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision to deliver patient-centred care, tailored to the needs of its population, whilst remaining mindful of NHS and other available resources. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- 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.
- The practice was led by the team of partners who had an open, collaborative and informal management style which supported the delivery of the practice strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- It provided outreach clinics to patients in a local village where transport links were poor, to ensure that the vulnerable elderly were able to access services.
- The practice provided an enhanced service tailored to the needs of patients aged over 75. Supported by regular audits which identified the risks these patients faced which could result in emergency hospital admission, the practice provided regular assessments and support to reduce these risks. For example, dementia and fall assessments.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was generally higher than the CCG and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% where the CCG average was 91% and the national average was 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.

Families, children and young people

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

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 people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Health visitors attended weekly practice 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 had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Evening appointments were available three nights a week to enable patients unable to attend during normal working hours to receive access to services.
- The practice offered some online services as well as a full range of health promotion and screening that reflected 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 those with caring responsibility and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability if needed.
- The practice regularly worked with multi disciplinary teams in the case management of vulnerable people.
- 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.

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).

- There were 27 patients on the dementia register, of which 26 had received face to face reviews in the last 12 months, the remaining patient had an appointment scheduled for review the day after our inspection.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% where the CCG average was 82% and the national average was 88%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It offered enhanced services for patients with dementia, facilitating timely diagnosis.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 on 7 January 2016. The results showed the practice was performing in line with local and national averages. 271 survey forms were distributed and 112 were returned. This represented 1.6% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).
- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were largely positive about the standard of care received, describing the care offered as excellent. One patient commented that they had found it difficult to make an appointment.

We spoke with eight patients during the inspection. Seven patients said they were extremely happy with the care they received. They were complimentary about the staff, describing them as approachable, committed and caring. Patients told us they felt involved in their care, with the GPs and nurses explaining conditions thoroughly to them and offering different treatment options

The Stonedean Practice

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 advisor and a practice nurse specialist advisor.

Background to The Stonedean Practice

The Stonedean Practice provides a range of primary medical services, including minor surgical procedures from its location at The Health Centre, Market Square, Stony Stratford, Milton Keynes. The building is owned by NHS property services and the practice shares these premises with another GP practice and Trust community staff. The practice serves a population of approximately 7071 patients with higher than average populations of both males and females aged 30 to 44 and lower than average populations aged between 15 and 29 years and 70 to 85 years. The practice population is largely white British. National data indicates the area served is less deprived in comparison to England as a whole.

The clinical staff team consists of three male and two female GP partners, two female trainee GPs, one nurse practitioner, three practice nurses and three health care assistants. Trainee GPs are qualified doctors training to become GPs. The team is supported by a practice manager and a team of administrative support staff. The practice holds a general medical services (GMS) contract for providing services and is a training practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am with GPs and nurses. In addition to these times, the practice

operates extended surgery hours on Mondays, Tuesdays and Thursdays from 6.30pm to 8pm. Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service.

The registration of The Stonedean Practice was not accurate and we had not been notified of changes made to the partners at the practice, as required under the CQC (Registration) Regulations 2009. The practice has now taken steps to complete the necessary application to ensure their registration with us is accurate.

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 1 February 2016. During our inspection we:

Detailed findings

- Spoke with a range of staff, including two GP partners, a GP trainee, a nurse and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 for staff to document occurrences.
- A log of significant events was maintained by the practice manager, which included all new cancer diagnosis, patient deaths and any 999 calls made from the practice for patients experiencing chest pains. We saw that significant events were a standing item on the agenda for weekly practice meetings between the practice manager and clinical staff.

We reviewed safety records, incident reports patient safety alerts 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, a significant event record highlighted a change to repeat prescribing for a contraceptive medicine when it was noted that one patient taking the medicine had not received the appropriate blood pressure check. Practice policy was changed to guarantee that GPs ensured blood pressure checks had been undertaken on patients prior to issuing repeat prescription requests for contraceptives.

When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation of events, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw evidence of a patient who had received the wrong dosage of medicine and was issued an apology. The practice then liaised with the local community pharmacist to ensure an electronic alert was placed on the computer system for the medicine informing prescribers of the correct dosage to use in future.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. Health visitors attended weekly practice meetings with the clinical staff and the practice manager. 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. All staff had received safeguarding training to an appropriate level.

- A notice in the waiting room and all clinical 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a comprehensive 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. For example, we saw that an audit in January 2016 identified there had been an improvement in hand hygiene and that surfaces in treatment rooms were noted to be less cluttered as per recommendation in the preceding audit.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were securely stored and there were systems in place to monitor their use. In addition to the nurse practitioner, two of the practice nurses had qualified as Independent

Are services safe?

Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. A third nurse was currently training to become an independent prescriber. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were able to administer vaccinations. Records showed that the staff had been assessed and signed off accordingly.

- We reviewed six personnel files and found appropriate recruitment checks had been historically 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). Although all DBS certificates were not available on the day of our inspection the practice submitted evidence shortly after confirming that appropriate checks had been conducted for all relevant staff.
- There were 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice building was managed by NHS property services who had subcontracted maintenance of the building to the Central and North West London Trust (CNWL). The practice had up to date fire risk assessments and CNWL 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. We saw evidence that CNWL had conducted variety of other risk assessments to monitor safety of the premises such as

legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had conducted their own risk assessments for the control of substances hazardous to health (COSHH).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups and staff informed us only one person per team was allowed to have time off during the same shift to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff we spoke with said they felt adequately trained to deal with an emergency.
- 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for contractors and suppliers. A copy of the plan was kept by the practice manager and her deputy. It was noted that the plan stated computer back up tapes for the practice and a disaster recovery box were kept off site but this was not the case. Staff informed us they intended to update the policy to accurately reflect the location of these items once they had agreed an appropriate alternative location for the disaster recovery box.

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 peoples' needs.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Staff were able to explain how care was planned and how patients identified as having enhanced needs, such as those with diabetes, were reviewed at regularly required intervals.

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 for the year 2014/2015 were 99.5% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/ 2015 showed;

- Performance for diabetes related indicators was generally better than the CCG and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% where the CCG average was 91% and the national average was 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was similar to the CCG average of 81% and national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average. For example,

the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% (with 14% exception reporting) where the CCG average was 82% and the national average was 88%.

The practice were able to demonstrate they had been conducting audits for over 15 years with a historical commitment to quality improvement and to ensuring identified improvements were implemented and monitored. Examples of repeat cycle audits included audits of hormone medicines to ensure that patients were using the appropriate medicines dependent on their medical history. We saw that patients were reviewed following audits and that where needed medicines were changed. We saw the practice conducted audits of referrals, patients, prescribing, procedures and quality of care. For example, the practice conducted an audit of their 999 calls to ensure they were utilising NHS resources appropriately and that their policy on making 999 calls for patients experiencing chest pains was appropriate. The GPs told us that clinical audits were linked to medicines management information, clinical interest, safety alerts or as a result of QOF performance. All GPs participated in clinical audits creating an environment of continuous improvement and learning.

Effective staffing

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

- The practice had an induction programme and staff handbook for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Protected learning sessions were held once a month during which the practice provided in house training or invited external trainers in where appropriate.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff told us they attended training days 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 computer system. This included care and risk assessments, care plans, medical records and investigation 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 referring patients to other services.

Staff worked together and with other health and social care services 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. Patient information from other services, for example for unplanned hospital admissions, was received by an administrator who raised them as tasks for GPs to review. The practice held a register of patients at risk of unplanned hospital admission or readmission and we saw that patients on this register were discussed at practice meetings and multi-disciplinary team (MDT) meetings when needed. At the time of our inspection there were 121 patients on this register. We saw evidence that multidisciplinary team meetings took place weekly with the local district nurses and that care plans were routinely reviewed and updated.

Since January 2016 the practice had been engaging in a new locality initiative enabling them to access additional MDT meetings for patients with challenging or multiple long term conditions and for vulnerable patients of concern. These meetings brought together representatives from the practice with district nurses, community matrons,

the Rapid Access Intervention Team, mental health specialists, social workers, pharmacists, care workers and the community geriatrician. There were also representatives from third sector organisations such as AgeUK.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- Consent forms for minor surgical procedures were used and scanned into the patient's medical records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, including those in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Weight management and smoking cessation advice was available from the practice nursing team and health care assistants.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages of 74%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% and five year olds from 93% to 100%.

Flu vaccination rates for the over 65s were 74%, and at risk groups 46%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. At the time of our inspection, for the period May 2014 to January 2016 the

Are services effective?

(for example, treatment is effective)

practice had completed 478 of 2077 eligible health checks for the 40-74 age group. 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

During our inspection we observed members of staff were courteous and 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.

10 of the 12 patient Care Quality Commission 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 spoke with a representative of the patient participation group (PPG). They also told us they were satisfied with the care they received from 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 published on 7 January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with other practices locally and nationally for its satisfaction scores on consultations with GPs. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 80%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

Results for patient's satisfaction scores on consultations with nurses were below the national and CCG averages. For example:

- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).

These results were not supported by our discussions with patients on the day who told us that the nursing staff were helpful and respectful. We saw evidence in patients' records of nurses calling patients to follow up concerns and offer them support. Patients also scored the practice higher than average for satisfaction with reception staff, with 96% saying they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).

Results for consultations with nurses scored below average with only 72% saying the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%). This national data was not supported by discussions with patients on the day of our inspection, who told us that nurses always involved them in decisions about their care and ensured that options for treatment were discussed with them to ensure they were comfortable with the chosen treatment.

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.

Are services caring?

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. For example, mental health, bereavement and sexual health support. A practice leaflet was updated regularly and provided patients with a variety of useful information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients on their list as carers and had taken steps to support them. For example, by inviting them independently for flu vaccines and providing home visits for carers who could not leave their dependents unaided. Written information was

available to direct carers to the various avenues of support available to them. The practice had recognised the need to identify more carers and was taking steps to encourage them to make themselves known to the practice so they could be supported.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. 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. All deaths were recorded as significant events and discussed at weekly practice meetings.

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, the practice offered a range of enhanced services including dementia assessments and avoiding unplanned admissions to hospital. The practice held multi-disciplinary meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admissions.

There was a register for patients with dementia and we saw that 26 of the 27 patients had received an annual review in the 12 months prior to our inspection. The remaining patient had an appointment scheduled for review the day after our inspection. There were also 16 patients on the practice's learning disability register and we saw that there were plans to review these patients.

The practice had successfully secured funding from the local Clinical Commissioning Group (CCG) to provide an enhanced service for patients over the age of 75. This equated to 5% of the overall practice population. The practice carried out regular audits of patients in this group admitted to hospital to identify any trends and measures that could be implemented to reduce the risk of hospital admission. The practice over 75s clinic led by the nurse practitioner aimed to minimise these risks by conducting various assessments and offering additional support either at the practice or in the patients home. For example, these patients received dementia and fall assessments. We saw evidence that since starting in October 2014, 226 patients had benefited from this service and the practice had received positive feedback. In addition the practice had reduced the number of patients attending the local accident and emergency department or requiring emergency hospital admission, saving locally available health funds.

We saw that patients with diabetes received regular reviews based upon individual need. The healthcare assistants carried out blood tests on these patients before they were seen by a specialist diabetic nurse who conducted

comprehensive reviews of patients to ensure their conditions were well managed. We saw that where the nurse was concerned about other aspects of the patient's health she referred them to a GP for additional support.

The practice provided outreach clinics to a nearby village. This village had a high elderly population and poor transport links making it hard for some patients to access care. The practice rented a room at the village community centre and offered a GP and healthcare assistant run clinic once a week. The practice also ran a flu vaccine clinic for the elderly and vulnerable patients in the village.

The practice had a patient participation group (PPG) who met monthly with the practice staff to discuss any concerns and developments at the practice and made suggestions for improvements. We spoke to a representative of the PPG who told us that they had been involved in petitioning and campaigning on behalf of the practice. For example, they had launched a campaign to address concerns over changes to the locality health visiting service which the practice felt impacted on its patients. We also saw that a survey completed had resulted in improvements to the practice website and patient leaflet as requested by patients.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am to 6pm with GPs and nurses. In addition to these times, the practice operated extended surgery hours on Mondays, Tuesdays and Thursdays from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. Staff told us that the practice had an open door policy and that all patients requesting an urgent appointment were always seen, although often upon clinical assessment these patients did not require urgent care. They told us that this could lead to clinics running late and additional pressures on staff. Staff told us they were reviewing their protocols for urgent appointments with the aim to reduce these pressures. On the day of inspection we saw that urgent appointments were available that same day. The next routine pre-bookable appointment was available the following Tuesday. Nurse's clinics were also run daily by practice

Are services responsive to people's needs?

(for example, to feedback?)

nurses, including provision for minor illness appointments. We found the appointment system was structured to allow GPs time to make home visits where needed and ensure that all urgent cases were seen the same day.

There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours service was available on the practice website and answerphone and was provided by Milton Keynes Urgent Care via the NHS 111 service.

Results from the national GP patient survey published 7 January 2016 showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 60%, national average 73%).
- 67% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet and on the website. There was a complaints form available for patients although staff informed us they normally resolved any verbal patient concerns immediately; ensuring patients were satisfied before they left the practice.

We looked at four complaints received in the last 12 months and saw that the practice handled them objectively and in an open and timely manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that a parent had queried the treatment given to their child and requested for additional tests to be conducted. This complaint was discussed at a partners meeting where the decision was made to offer the requested tests.

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 patient centred care, tailored to the needs of its population, whilst remaining mindful of NHS and other available resources. It was also committed to working with other health and social care services to ensure patients achieved the best possible outcomes. The practice had a comprehensive business plan which reflected both the difficulties the practice faced, such as staff shortages and the aims and objectives it hoped to achieve in providing high quality, sustainable services for its patients.

Governance arrangements

The practice was led by the team of partners who had an open, collaborative and informal management style and supported the delivery of the practice strategy and good quality care. Supported by the practice manager they outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure in place and visually displayed in the practice's organisational chart 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 using QOF and other performance indicators.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. Discussions with GPs and evidence provided showed improvements had been made to the operation of the service as a result of audits undertaken.
- 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.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, an explanation of events and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open and friendly atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. We noted that team away days were held regularly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Patients could leave comments and suggestions about the service via the website. The practice also sought feedback by utilising the NHS Friends and Family Test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment.

The practice also gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt engaged and were committed to the practice and its patients.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. We saw evidence of a robust programme of audit that had run historically in the practice to monitor performance, implement change and ensure patients achieved the best outcome where possible. The practice was a training practice and had maintained high standards for training and supporting its students. In addition it was providing support to a cohort of medical students from the new Buckingham University Medical School.

The practice team was forward thinking and we saw the practice was successful in securing funding to enable them to offer enhanced services for their patients. They had developed an enhanced service for their vulnerable patients aged over 75 which enabled them to assess the

needs of these patients, signpost them to appropriate support services and help them to avoid hospital admission where possible. In addition the practice had secured funding to enable them to offer extended hours clinics for patients unable to attend during normal working hours.

We saw evidence of robust succession planning in light of proposed staff changes which had enabled the practice to minimise disruption to patient services when a GP partner left the practice, by securing a replacement partner within three months. Equally the practice had been proactive in addressing potential challenges to the future security of the practice and had joined a federation known as Roundabout Health in December 2014. (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). This federation aimed to retain services within general practice for patients to ensure they received care from local, familiar and trusted staff.