

The Grove Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grove Surgery on 19 January 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 but not always actioned, such as those relating to the monitoring of patients taking medicines that require regular monitoring.
- 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.

- The practice engaged with the CCG to provide additional services to improve outcomes for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure that patients' medication is kept under review to minimise risks associated with taking medicines that require monitoring.

In addition the provider should:

- Risk assess stocks of emergency medicines kept to ensure they are suitable to enable the practice to respond appropriately to a medical emergency.

Summary of findings

- The practice should review and extend work to improve ease of access for patients requiring a non urgent appointment, including the extension of online services.
- Develop systems to oversee the safe management of blank prescription forms.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- 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, explanation of events, a verbal and written apology. They were told about any actions taken to prevent the same thing happening again.
- The practice had clearly defined and embedded processes and practices in place to safeguard patients from abuse.
- Emergency medicines and equipment we checked were in date and suitable for use, However, the practice did not have additional emergency medicines available in line with risks associated with coil fitting and minor surgery. There was also no diazepam available, which is used to treat patients experiencing an epileptic fit. The practice had not risk assessed the risk of not having these medicines available. The practice informed us they planned to order these medicines immediately.
- Although prescription pads were stored securely, the practice did not record their distribution.
- The practice did not have adequate systems for ensuring patients taking medicines that required regular monitoring were receiving appropriate reviews.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to others in the locality and to the national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, meeting with health visitors, midwives and school nurses to discuss safeguarding concerns in the locality.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published January 2016, showed patients rated the practice similar to others for several aspects of care.
- Patients were positive about the care they received and 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.
- Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Good



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 to secure improvements to services where these were identified. For example, by offering an enhanced service to patients at risk of unplanned hospital admission.
- Patients said they found it difficult to make a routine appointment at times with waiting times of up to three weeks to see some GPs. They told us they were usually able to book urgent appointments the same day or receive a telephone consultation. Patients also informed us that they found it difficult to get through to the surgery via telephone at times.
- The practice had good facilities and was well equipped to treat patients.
- The practice had a complaints policy which provided clear guidance for staff about how to handle a complaint. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision which was understood by staff.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There were systems in place to monitor and improve quality.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.

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 was knowledgeable about the number and health needs of older patients using the service.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Vulnerable patients over the age of 75 were recognised by the practice, received tailored care plans and were signposted to suitable support services.

Good



People with long term conditions

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

- 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 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 96% where the CCG average was 91% and the national average was 88%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young 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. Immunisation rates were comparable to national and local averages for standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the national average.
- 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.

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 and flexible.
- 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.
- The practice was registered with the electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

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 a learning disability.
- Electronic records alerted staff to patients requiring additional assistance.
- 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.
- 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.

Good



Summary of findings

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 22 patients on the dementia register, of which 15 had received a face to face review in the 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff received regular training and 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. 409 survey forms were distributed and 118 were returned. This represented 1.7% of the practice's patient list.

- 66% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).
- 77% 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 44 comment cards which were all positive about the standard of care received.

We spoke with nine patients during the inspection. Six of these patients said they found it difficult to book an appointment and that the wait time for booking a routine appointment was sometimes three weeks. The majority of patients were happy with the care they received and thought staff were approachable, committed and caring. They told us that they felt involved in planning their treatment and that GPs helped them to make informed decisions about their health.

The Grove 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 advisor and a practice manager specialist advisor.

Background to The Grove Surgery

The Grove Surgery provides a range of primary medical services from purpose built accommodation in its location at Farthing Grove, Netherfield, Milton Keynes, MK6 4NG. The practice serves a population of approximately 6800 patients with higher than average populations of both males and females aged 0 to 49 years and lower than average populations aged 50 to 85 years. Patients under the age of 18 equate to almost 30% of the practice's overall patient population. National data suggests that the practice is in an area of high deprivation with higher than average unemployment rates.

The clinical staff team consists of two male and two female GP partners, one male salaried GP, one advanced nurse, two independent nurse prescribers, a practice nurse and a health care assistant. The team is supported by a practice manager and a team of administrative support staff. The practice performs minor surgical procedures as part of its NHS contract.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are available from 8.30am to 5.30pm Monday to Friday. The practice operates extended hours on Wednesdays and Thursdays from 6.30pm to 8pm. In

addition to these times the practice offers pre-bookable appointments on Saturdays between 8.15am and 10.30am. Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service.

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 19 January 2016. During our inspection we:

- Spoke with a range of staff including two GP partners, a salaried GP, a nurse, the practice manager and members of the administrative team. We spoke with patients who used the service and a representative of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided).
- Observed how staff interacted with patients.

Detailed findings

- 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 in the reception office and electronically on the practice's computer system. A log of significant events was maintained by the practice manager. We saw that significant events were discussed as a standing item on the agenda at weekly practice meetings between clinical staff and the practice manager.

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 looked at records of an incident where a patient had arrived late for an appointment for their infant and had been turned away. Staff were reminded of the correct protocols and the patient received an apology. The incident was discussed to reduce the risk of recurrence.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. Safety alerts, including MHRA (Medicines and Healthcare Products Regulatory Agency) alerts were received into the practice via email and distributed appropriately by the practice manager.

Overview of safety systems and processes

The practice had processes and practices in place to keep patients safe and safeguarded them 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 GP lead for safeguarding. The GPs attended monthly safeguarding meetings with the health visiting team, midwives, district nurses and school nurse and always provided reports where necessary for other agencies. Staff demonstrated that they understood their responsibilities and all staff had received training relevant to their role. Clinical staff, the practice manager

and some of the administrative support staff were trained to level three for children's safeguarding. We saw that the practice had scheduled level three training for all staff to be completed in February 2016.

- A notice on the television screen in the waiting room 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 clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines stored in refrigerators and found they were stored securely. There was a policy for ensuring medicines were stored at the correct temperature and records showed fridge temperature checks were carried out. Medicines were checked regularly to ensure they were in date and rotated. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. There was a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- There was a protocol for handling blank prescriptions which stated that they would be logged on receipt and tracked through the practice. We saw that blank prescriptions were securely stored and that they were logged on receipt, but there was no system in place to track the prescriptions through the practice in line with national guidance. There was a system in place to monitor repeat prescriptions and staff informed us that

Are services safe?

repeat prescriptions needing authorisation by a GP, for example high risk medications, were highlighted on the practice computer system and were only authorised by a GP. However, on investigation we found the practice did not have an effective system in place to monitor medicines that require regular monitoring. For example, the practice had 14 patients taking medication to treat auto-immune conditions. Of these 14 patients only five patients had received the necessary three monthly reviews in the twelve months prior to our inspection. Three patients had only recently started taking this medication and were not due a review at the time of our inspection. Following our inspection we received evidence from the practice that they had identified all patients taking medicines that require regular monitoring and planned to book appointments for those who had not received the necessary reviews, to ensure that all recommended monitoring tests were conducted.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We were told that administrative staff were multi skilled and could cover additional roles if needed. The staff we spoke with told us they worked well as a team and felt competent to fulfil their duties.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- The practice had a defibrillator available on the premises with adult and children's pads ready for use and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice provided enhanced services for coil fitting and minor surgery. However the practice did not have additional emergency medicines available in line with risks associated with coil fitting and minor surgery. There was also no diazepam available, which is used to treat patients experiencing an epileptic fit. The practice had not risk assessed the risk of not having these medicines available. The practice informed us they planned to order these medicines immediately.
- 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. On the morning of our inspection we saw that this plan was put into action when the computer system failed. Staff were able to print patient lists using their buddy arrangements with a nearby practice and ensure minimal disruption to patient provision whilst awaiting support from their IT company.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs 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.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and were in line with these national and local guidelines. They 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 were 96.5% of the total number of points available, with 15.2% 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). 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 96% where the CCG average was 91% and the national average was 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% 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 averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 91% where the CCG average was 82% and the national average was 88%.

This practice was an outlier for one area of QOF, relating to the ratio of reported versus expected prevalence for Coronary Heart disease. The practice value was 0.5 % in comparison to the national average of 0.7%. Upon investigation the practice informed us they were aware of this low representation and felt it was caused by them incorrectly inputting data on their computer system. They had employed the services of a data management company to provide additional training for staff to ensure they were managing their data submissions effectively.

We saw that full cycle audits of clinical practice were undertaken. Examples of audits included audits on prescribing of medication for pain relief and respiratory conditions, to ensure appropriate practices were being adhered to. The GPs told us clinical audits were often linked to medicines management information, safety alerts, clinical interest or as a result of QOF performance. All GPs and some nursing staff 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 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 reviewed patients with long term conditions, such as asthma could demonstrate how they stayed up to date with best practice guidance, by attending training days and accessing on line resources. The practice were aware of the challenges staff faced from their practice population and had taken steps to support them, for example through the provision of training on dealing with difficult people and conflict management.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. We saw that staff were encouraged to progress their careers, for example a receptionist had trained to become a health care assistant and another receptionist had recently been promoted to practice secretary.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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, such as referral to or discharge from hospital. Unplanned hospital admissions were reviewed by an administrator who raised them as tasks for appropriate 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 meetings when needed. At the time of our inspection there were 113 patients on this register. We saw evidence that multi-disciplinary team meetings took place every six to seven weeks and that care plans were routinely reviewed and updated.

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. Clinical staff we interviewed were aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).
- 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.

- These included patients in the last 12 months of their lives, those with long term conditions (or at risk of developing a long-term condition) and those requiring advice on their diet. The practice offered smoking cessation services to patients through an independent advisor who visited the practice.
- The practice employed a qualified weight loss practice nurse who delivered a weight management service to patients which had been successful in improving some patients' health.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice had a nurse lead for immunisations and childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 88% to 94%.

Are services effective? (for example, treatment is effective)

Flu vaccination rates for the over 65s were 69%, and at risk groups 54%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40–74 and for patients

aged over 75. At the time of our inspection the practice had completed 302 of 1468 eligible health checks for the 40 to 74 year olds. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 44 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. Two comments cards also commented on occasional difficulties arranging appointments. Staff told us the practice welcomed all patients and that a large proportion of their population were vulnerable due to the higher than average level of deprivation. Homeless patients were registered using the practice address to ensure they received access to the service.

We spoke with a member of the patient participation group, who told us he was satisfied with the care provided by the practice and said his dignity and privacy was respected. He told us that the practice experienced high levels of demand for its services. Patients we spoke to told us that staff were professional and treated them with kindness.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 80%, national average 87%).

- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 94%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 95% said 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. Some patients also informed us that they felt rushed at times but that they were able to book longer appointments if needed.

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:

- 84% 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%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%)
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%)

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. There was a self-check in screen in the reception area and we noted that this was available in multiple languages. The GPs at the practice were also multi lingual. There was a hearing loop available for patients with hearing difficulties and we saw leaflets printed in large print for patients with impaired vision.

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, safeguarding, smoking cessation, bereavement, carers support and mental health services. A television screen was used by the practice to provide information on services and support available to patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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. A board in the reception office informed staff of the recently deceased to ensure they could offer appropriate support to families.

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. The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and diabetic reviews. In addition the practice had successfully secured funding to increase access to GP services for its locality. The practice worked in collaboration with four other local practices to provide extended hours GP clinics to patients across Milton Keynes.

Of the 6800 patients registered with the practice 1993 were aged under 18 years. The practice informed us there was a trend amongst their patient population to visit the out of hours service and local accident and emergency department (located directly opposite the practice), putting these services under increased strain. Staff informed us of a local children's services programme which hoped to alleviate some of these pressures. This programme aimed to provide families with children access to additional medical support if their child became ill but did not need to attend hospital. For example, the practice had recently referred a child with a chest infection to the service which was based in the local out of hours centre. The child had seen a GP at the practice who had made an assessment and prescribed medication appropriately but the mother was anxious and likely to take the child to the hospital. Instead this child was seen by a nurse the same evening to check that the child had not deteriorated and to offer reassurance to the parents. The practice staff informed us that from February 2016 the practice would host the children's services programme.

We saw that patients with diabetes received an annual health review at the practice with an interim basic check at six months. A specialist nurse provided these reviews and was supported by a GP lead for diabetes. Patients were referred on to other services if needed.

There were registers for patients with dementia and those with a learning disability. These patients were also invited for an annual face to face review. At the time of our inspection there were 32 patients on the learning disability register of which 11 had received an annual review and 22 patients on the dementia register of which 15 had received an annual review.

The practice had a small percentage of patients over the age of 75 (1.9% of its total population) and provided services for residents at two care homes. In 2014 the practice successfully secured funding to develop an enhanced care provision for these patients and their carers. The practice worked in collaboration with two other practices to develop a health and wellbeing pack for patients, as well as liaising with AgeUK to gather information for patients on support services available to them. All patients over the age of 75 were invited to attend the practice to see a designated GP or advanced practice nurse. During this consultation a care plan was developed taking into account health and social needs of patients to ensure they received a tailored programme of care. Patients unable to access the practice were offered a home visit. Despite funding for this scheme ending the practice continued to offer this service through its advanced practice nurse to existing patients.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am to 5.30pm Monday to Friday. The practice operated extended hours GP clinics on Wednesdays and Thursdays from 6.30pm to 8pm. On Wednesdays, the practice offered nurses' appointments between 6.30pm and 8pm for patients unable to attend during normal opening hours who require respiratory reviews, cervical screening or diabetic reviews. In addition to these times the practice offered pre-bookable appointments on Saturdays between 8.15am and 10.30am. The practice predominantly operated a same day appointment booking system, although there were some pre-bookable appointments that could be booked up to six weeks in advance. Urgent appointments were also available for people that needed them. On the day of our inspection we saw that urgent appointments were available the next day. The next routine pre-bookable appointment was available the following Saturday. Nurses clinics operated daily and we saw that a minor illness clinic was available with the nurse Mondays to Fridays.

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

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. 409 survey forms were distributed and 118 were returned. This represented 1.7% of the practice's patient list.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 66% of patients said they could get through easily to the surgery by phone (CCG average 60%, national average 73%).

However, patients rated the practice below average for access to their preferred GP.

- 43% patients said they always or almost always saw or spoke to the GP they preferred (CCG average 54%, national average 59%).

Six of the nine patients we spoke with on the day of the inspection told us that they found it difficult to get appointments when they needed them, often waiting up to three weeks for a routine appointment. They also commented on difficulty getting through to the practice on the phone. The practice informed us they had increased staff answering phones during peak periods and that the dissatisfaction relating to the phones that day was most likely linked to the computer systems failing on the morning of our inspection. This had meant that patients were unable to book appointments from 8am as they would normally. On discussing concerns around appointment booking with staff we were told that the practice had taken steps to improve access as best as possible through increased clinical times, online appointment booking for single GP appointments and the implementation of minor illness clinics with the practice nurse. Staff told us the demand for appointments was high again due to their patient demographic and that the

practice had a high proportion of patients who did not attend booked appointments, often leading to wasted clinical time. We saw that the practice made efforts to overcome this by offering patients appointment reminders via the telephone or SMS messaging. Comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required.

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.
- 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.
- Complaints forms were available from reception and the practice website also had guidance on how patients could raise concerns.

We looked at seven complaints received in the last 12 months and found they had been dealt with in an open and timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw evidence that the practice were proactive in addressing concerns highlighted by a patient who experienced complications after a minor procedure carried out by one of the GPs. The practice identified that the patient had not contacted them immediately, putting themselves at risk. We saw that the complaint was fully investigated and discussed at clinical meetings and that changes were made to consent forms to include additional information for patients on risks and potential complications to reduce the risk of recurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver the best possible care to its patients within a respectful, safe and confidential environment. Although the practice vision was not displayed staff we spoke with recognised and understood the values.

The practice had a business plan which identified areas of service the practice aimed to improve based upon analysis of past performance and also highlighted plans to develop additional services that would be beneficial to its patient population, such as a sexual health services.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers strongly supported by the practice manager. Clinical staff met to review complex patient needs, review significant events, discuss new protocols and keep up to date with best practice. We saw evidence of meetings for reception and administrative staff, where discussion and learning occurred. Staff told us if they were unable to attend meetings, minutes were always shared with all staff to ensure they were kept up to date. Partners and the practice manager met regularly to look at the overall operation of the service, although these meetings were not always documented we were told of plans to formalise these meetings in the future.

There was a leadership structure in place and clear lines of accountability visually displayed in the practices' organisational chart which we saw available on display to the practice staff. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities. There were GP leads for safeguarding, diabetes and respiratory care and an advanced nurse was the infection control lead.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The clinical staff and senior management staff spoken with told us that QOF data was discussed and actions taken to improve outcomes for patients. For example, lower performance for diabetes in the past had led to the health care assistant's role being developed to enable her to support delivery of these services to patients.

The practice had completed clinical audits to evaluate the operation of service and the care and treatment given. Discussions with the GPs and evidence provided demonstrated improvements had been made to the operation of the service as a result of audits undertaken.

The practice had a system for identifying, recording and managing risks. We looked at examples of significant event reporting and actions taken as a consequence. Staff were able to describe how changes had been made in the practice as a result of reviews of significant events.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality 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 people 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 meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt 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. The partners encouraged 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)

Are services well-led?

Good 

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

and through surveys and complaints received. Patients could leave comments and suggestions about the service via the website or via a suggestions box in the waiting room. 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. Results from December 2015 showed that all patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

The practice also gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt 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. The practice team was forward thinking and part of local initiatives to

improve outcomes for patients in the area. For example, the practice participated in HIV quick testing for newly registered patients and was the first practice in the locality to do so. This service was launched by the practice in response to national data that suggested Milton Keynes had a higher than average population of patients suffering from HIV. The practice was proactive in recognising the needs of its population and developing a weekly drop in clinic for HIV and sexual health screening. To protect patient confidentiality for this service patients were provided with a number which was used to call them into see clinicians rather than using their name.

In addition, we saw evidence that 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 over 75 which enabled them to create tailored care plans for these patients and signpost them to appropriate support services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not ensured the proper and safe management of medicines. We found the provider did not regularly review patients taking medicines that required regularly monitoring. This was in breach of regulation 12(1) (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.