

# The Mandeville Practice

## Quality Report

The Mandeville Practice  
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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Mandeville Practice, Hannon Road, Aylesbury, Buckinghamshire, HP21 8TR on 02 July 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing effective and well led services. It was good for providing safe, responsive and caring service. The concerns which led to these ratings apply to all population groups using the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to read coding issues and patients medicine reviews with long term conditions.

- Data showed patients outcomes were low for learning disabilities health checks and long term conditions medicine reviews.
- Some audits have been carried out but the practice was struggling to carry out repeat audits which was making it difficult to identify improvement areas and monitor continuous progress effectively.
- The practice did not have registered manager in place.
- The practice has made a request to NHS England for a possible list closure of registering new patients. The practice informed us that they were facing recruitment crisis since April 2014 due to sickness, old partners retiring and were struggling to recruit new GPs.
- 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.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments with a named GP.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring all risks and the quality of the service provision.
- Resolve the read coding issue to ensure improvements to clinical practice can be identified and actions implemented.
- Implement and improve a system of clinical audit cycles to ensure effective monitoring and assessment of the quality of the service.
- Ensure regular medicine reviews are undertaken for patients with long term conditions.

- Ensure the comprehensive written business plan and strategy are reviewed regularly to adjust succession planning and recruiting new GPs, in order to address capacity and consistency concerns.

In addition the provider should:

- Improve the availability of non-urgent appointments with a named GP.
- Ensure personalised care plans for patients with learning disabilities are developed, which should be readily available when required and accessible by external relevant organisations
- Continue to closely monitor the staffing levels and take appropriate action to minimise the impact of patient care and treatment.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were low for learning disabilities health checks and long term condition medicine reviews due to a fault with coding system and staffing shortages which raised concerns about effectiveness of the service. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. There was minimal evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Multidisciplinary working was taking place. Care plans were not readily available to staff or when we requested to see them online.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice

Good



# Summary of findings

had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## **Are services well-led?**

The practice is rated as requires improvement for being well-led. It had a vision and aims and were working on succession planning and recruitment strategy. The practice was not achieving these at the time of inspection because they were not always able to deliver high quality care and promote good outcomes. The practice was revising plan to address the recruitment crisis which included training new nurse prescribers and recruiting full time pharmacist to carry out clinical reviews and complete audit cycles. Due to lack of repeated audits it was difficult to monitor the clinical performance and check for improvements. The practice was in discussion with NHS England over a possible list closure to new patients, preventing increased demand while they tried to deal with their staffing problems. There was a clear leadership structure, staff felt well supported by management and there was positive culture among the team. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from patients and had an active virtual patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Requires improvement**



# 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 requires improvement for the care of older people. The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice was working collaboratively with two other local surgeries. Two practice nurses were appointed over three surgeries who visits patients in their own homes to manage the holistic needs of this patient group. Patients over 75 had a named GP to promote continuity of care. Flu vaccinations rates for over 65 were below the national average. The premises were accessible to those with limited mobility but doors were not automatic and waiting area was congested. However, the practice had applied for a grant to improve the premises but this was not approved by NHS England. It was responsive to the needs of older people and offered rapid access appointments for those with enhanced needs. The practice had a white TLC (tender loving care) board in the admin office for patients on end of life register to ensure priority appointments. There was a register to manage end of life care and unplanned admissions. There were good working relationships with external services such as district nurses. However, the practice did not have adequate system in place to monitor and improve quality and identify risk.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. For example, practice nurses had visited patients at their homes with long term renal issues which prevented them from visiting surgery and carried out ECG (ECG is an electrocardiogram test that checks for problems with the electrical activity of your heart) and immunisations. However, not all these patients had a named GP and data showed patients outcomes were low for long term conditions medicine reviews. Due to a fault with the coding system, lack of repeated audits and capacity issues it was difficult to identify and monitor patients health and care needs effectively.

Requires improvement



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Staff were aware of the legal requirements of gaining consent for treatment for those under 16. Chlamydia testing kits were available in accessible location for under 25s. Appointments were available outside of school hours and the premises were accessible for prams and buggies. However, the next day routine appointments were not offered and patients had been asked to wait up to four weeks if they wanted to see their named GP. Antenatal appointments and postnatal clinics were available. The practice worked with health visitors to share information and provide a continuity of care for new babies and families. The uptake of childhood immunisations was high and close to or above the national average for different vaccines. Flu vaccination uptake was 40% for pregnant women.

Requires improvement



## Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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. Extended hours appointments were available on three evenings during weekdays until 7:30pm but there were no early opening hours for working age people. The practice had offered early morning appointments to patients previously but the demand for appointments was not seen and many of the patients who booked appointments at this time failed to turn up. A decision was made to offer appointments in the evening only. Extended appointments were not offered over the weekend. The practice was proactive in offering online services. Health promotion advice was offered but there was a low uptake for both health checks and

Requires improvement



# Summary of findings

health screening which were not reflecting the needs for this age group. For example, only 10% patients attended NHS health checks aged 40 to 75 years old. Extra flu clinics were offered on some Saturdays during flu season.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had not carried out the enhanced service to provide annual health checks for people with a learning disabilities, for example, there was evidence that health checks were only completed for seven patients out of 49 patients on the learning disability register. It offered longer appointments for people with a learning disability. Disabled patients were considered in the design and layout of the building; including accessibility to reception, waiting areas and treatment rooms.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. A translation service was available for patients who did not speak English. Flu vaccination uptake was 41% for carers.

Requires improvement



## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Eighty two per cent of people experiencing poor mental health had received care plan in last 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

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

Requires improvement



# Summary of findings

experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. However, mental capacity act training had not been completed but it was scheduled to be held after few months.

# Summary of findings

## What people who use the service say

The results of the national patient survey carried out in 2015 showed that patients were generally positive about the services they received from The Mandeville Practice but also highlighted some areas where the practice could improve. The survey had been completed by 110 patients. The GPs and management at the practice were committed to taking action to improve patient perception of the service.

The national survey showed that patients gave a positive rating about the care they received. The practice satisfaction scores on consultations showed 90% of practice respondents said GPs were good at listening to them and 88% of nurses were good at listening to them. The survey also showed 84% said the last GP they saw and 89% said the last nurse they saw was good at giving them enough time. These results were slightly below the clinical commissioning group average. The practice received positive feedback regarding how patients had confidence and trust in the last GPs and nurses they saw or spoke to.

Results from a recent survey, called the friends and family test, showed a 64% of patients who would recommend the service to others. Data from national survey showed 74% of patients would recommend the surgery to others and this was below the clinical commissioning group average of 80%.

The practice patient participation group (PPG) had also completed a survey for missed appointments in 2015. Thirty nine patients responded to the survey. The responses identified some areas where the practice could improve. We saw the PPG and practice had developed an action plan to address areas for improvement. For example, the practice had organised a customer service training, to address some dissatisfaction of patients when dealing with reception staff. Changes had been made to the appointment booking system and the number of GP appointments offered. The practice had taken this action in response to PPG survey.

During our inspection we spoke with 13 patients. There were eight CQC comment cards completed. Patients we spoke with were very positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns. We received some comments relating to difficulties in obtaining appointments quickly with named GP.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring all risks and the quality of the service provision.
- Resolve the read coding issue to ensure improvements to clinical practice can be identified and actions implemented.
- Implement and improve a system of clinical audit cycles to ensure effective monitoring and assessment of the quality of the service.
- Ensure regular medicine reviews are undertaken for patients with long term conditions.

- Ensure the comprehensive written business plan and strategy are reviewed regularly to adjust succession planning and recruiting new GPs, in order to address capacity and consistency concerns.

### Action the service **SHOULD** take to improve

- Improve the availability of non-urgent appointments with a named GP.
- Ensure personalised care plans for patients with learning disabilities are developed, which should be readily available when required and accessible by external relevant organisations

# Summary of findings

- Continue to closely monitor the staffing levels and take appropriate action to minimise the impact of patient care and treatment.

# The Mandeville 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 second CQC inspector, a GP, a practice nurse, a practice manager and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

## Background to The Mandeville Practice

The Mandeville Practice is a purpose built premises with car parking for patients and staff. There was easy access for patients/carers with a ramp and a lift. All patient services are on both the ground and first floor. The practice comprises of 13 consulting rooms, two treatment rooms, two patient waiting areas together with administrative and management office and meeting spaces.

The practice did not have a registered manager since January 2015 but there was an ongoing registration application for one to be added and it was processed in February 2015. The practice informed us they were in a recruitment crisis due to old GPs retiring and facing difficulties in recruiting new GPs. The practice was in discussion with NHS England over a possible list closure to new patients, preventing increased demand while they tried to deal with their staffing problems. There are five GP partners at the practice and three salaried GPs. Three GPs are male and five female. The practice employs five practice nurses, two health care assistants and a part time pharmacist. The practice manager is supported by operations and patients liaison manager, reception

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

The practice has a patient population of approximately 16,860. The practice population of patients aged between 25 and 39 is slightly higher than average and there are less than average aged above 55. The population of patients aged between 0 and 4 years is higher than the local average.

The local community has high areas of deprivation and the staff were aware of the needs of this section of the population. The appointment system allowed advanced appointments to be booked either four weeks or 48 hours in advance. Urgent appointment slots were also available.

Services are provided from:

The Mandeville Practice

Hannon Road

Aylesbury

Buckinghamshire

HP21 8TR

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

We carried out an announced comprehensive inspection of the practice on 2 July 2015. We visited The Mandeville Practice during this inspection. This was the first inspection of the practice since registration with the CQC.

# Detailed findings

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service on 02 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This practice had not been inspected before and that was why we included them.

## How we carried out this inspection

Prior to the inspection we contacted the Aylesbury Vale Clinical Commissioning Group (CCG), NHS England area team and local Health watch to seek their feedback about the service provided by The Mandeville Practice. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 2 July 2015. We spoke with 13 patients and 16 staff. Comment cards had been available for patients to complete prior to our inspection and there were eight completed cards.

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

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

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

Is it well-led?

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

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

# Are services safe?

## Our findings

### Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. A whistleblowing policy and safeguarding information was available for staff.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of 17 significant events that had occurred during the last year and saw this system was followed appropriately. Significant events was a standing item on the practice meeting agenda which was held monthly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. This included receptionists, administrators and nursing staff, who knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We tracked 17 incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared. For example, it was suggested to consider a patient for a referral after two to three courses of antibiotics for same issue because an injury had been led to amputation for a patient who had been reviewed on numerous occasions and treated with antibiotics for infection. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts were disseminated by emails and notices displayed in communal area to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were also discussed during team meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms and on the practice web site. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a

## Are services safe?

chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and all three fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked patient records which confirmed that the procedure was being followed.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by an authorised prescriber. We saw evidence that nurses and the health

care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. For example, nurse manager informed us that training was arranged for better understanding of PGDs and PSDs in response to an error.

### Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. For example, nurse was observed using gloves while dealing with urine sample. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had a lead for infection control who had frequent contact with CCG lead for further advice. The practice lead also provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the CCG lead nurse had carried out audit and that any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audit were discussed.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

## Are services safe?

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was 30 April 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer. The practice installed an automatic floor mounted blood pressure monitor in the waiting area for patients to use independently.

### Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed the staff records of seven members of staff. We found that the records for staff contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These 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).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

The practice had advertised vacant posts but was facing staff shortages due to difficulty recruiting new GPs, sickness and staff leaving. The practice had been relying on locum GPs which were costing more and affecting the consistency of patient care. For example, the practice employed long and short term locums, but locum GPs were sometimes difficult to recruit and often left with little notice due to limited contractual obligations.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed in the staff room and at the reception. The health and safety policy was supported by a range of risk assessments. For example, fire risk assessment and equipment safety.

The staff we spoke with were aware of the procedure in place at the practice if a patient, visitor or member of staff was taken unwell suddenly. Information on emergencies and health and safety was also detailed in the locum pack available in clinical room.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The notes of the practice's significant event meetings showed that staff had discussed a medical emergency concerning a patient and that the practice had learned from this

## Are services safe?

appropriately. For example, emergency equipment was moved behind the reception area for easy access and panic buttons on the phones could be used to alert the practice team in emergencies.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, telephone failure, loss of premises, IT failure, unplanned sickness and access

to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan was last reviewed in 2015.

The practice had carried out a fire risk assessment in 2015 that included actions required to maintain fire safety. Appropriate notices were displayed identifying fire exit routes and emergency lighting had been installed on the premises. Staff had access to online fire training. We saw evidence of fire safety checks carried out by external contractor in April 2015 but the stickers on fire extinguishers were showing July 2013 dates.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE), the Royal College of Nursing guidelines and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms. We discussed with the GP and nurses how NICE guidance was received into the practice. They told us this was identified through various sources including alerts, from the NICE website and from regional events. Staff we spoke with all demonstrated a good level of understanding and knowledge. We saw that template used for patient care reflected NICE guidance.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs. Staff we spoke with informed us that patients were being referred to other services as and when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs and staff we spoke with told us support from colleagues was always available and readily given. We were given further examples of how GPs with additional expertise were able to offer advice to newly qualified salaried GP.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. The practice piloted a system called MAG (multi-agency group) with regular meetings every two weeks. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

Interviews with GPs and nurses showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. However, the practice informed us that they were experiencing a fault with the read coding system (a read coding system is a tool used to capture and analyse clinical data). Due to a fault with the read coding system it was difficult to monitor continuous progress effectively which was posing a risk to patients due to low figures for long term condition medicine reviews.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups (e.g. learning disabilities and mental health). The practice informed us that they were facing difficulties in recruiting new GPs since senior partners and registrars left the practice in 2013-14 and due to shortage of clinical staff structured medicine reviews were not undertaken for people with long term conditions (e.g. Diabetes, asthma, chronic obstructive pulmonary disease, chronic heart disease and dementia). We were shown data that 44% of these had been carried out in the last year. The practice was aware of this and plans were in development to improve in this area by recruiting more staff and increasing number of health checks and repeat audits.

The practice informed us that few clinical audits had been undertaken in the last year due to clinical staff shortages and their focus currently was to manage patient care. There was minimal evidence of completed clinical audit cycles which was making it difficult to identify improvement areas and monitor continuous progress effectively. We saw some clinical audits that had been undertaken in the previous year 2013-14 and the practice informed us that previous audits were usually carried out by registrars when practice used to be training practice. However, the nurses had started undertaking clinical audits recently and they were able to demonstrate the changes. The practice was planning to recruit new GPs and a full time pharmacist to

# Are services effective?

(for example, treatment is effective)

take the lead role in developing a rolling programme of audits to ensure that at least two cycles were completed and that audits findings were used to drive quality and improve patient outcomes.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the CCG or quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, we saw an audit regarding the overprescribing of sip feed (Sip feed is a prescribable oral nutritional liquid). This audit was undertaken by a trainee doctor who left the practice last year. The practice informed us that trainee doctor was scheduled to visit the practice in few weeks time for follow up audit to monitor the progress of initial recommendations.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice achieved 99% of the total QOF target in year 2013-14 but these figures were reduced to 95% in year 2014-15. The practice was required to improve patient outcomes for diabetes, chronic kidney disease, coronary heart disease and hypertension. The practice was aware of all the areas where performance was not in line with national or CCG figures in 2015 and we saw action plans setting out how these were being addressed.

The practice's prescribing rates were similar to national figures. There was a protocol for repeat prescribing which followed national guidance. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that the visiting pharmacist also actioned on medicines alerts and advised the GPs if any action remained outstanding. GPs told us they discussed the rationale for changing medicines with the patient before making any changes.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support

needs of patients and their families. The practice had 16 patients on the end of life register. The practice had TLC (tender loving care) white board in admin office with patients details for urgent attention.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar practices in the area.

## Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted all GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training, for example we witnessed records for online and face to face training. A newly qualified salaried GP was allocated extended appointments and had access to a senior GP throughout the day for support.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. Those with extended roles (for example, seeing patients with long-term conditions such as asthma, diabetes and coronary heart disease) were also able to demonstrate that they had appropriate training to fulfil these roles. Staff files we reviewed showed that where poor performance had been identified appropriate action had been taken to manage this.

## Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge

# Are services effective?

## (for example, treatment is effective)

summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising these communications. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within five days of receipt. The GP who reviewed the documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up.

Emergency hospital admission rates for the practice were relatively low at 11% compared to the national average of 14%. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the policy for actioning hospital communications was working well in this respect.

The practice held multidisciplinary team meetings every two weeks to discuss patients with complex needs. For example, (those with multiple long term conditions, mental health problems, people from vulnerable groups, those with end of life care needs or children on the at risk register). These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well. The practice informed us that care plans were in place for patients with complex needs and care plans were shared with other relevant services such as out of hours (OOH) and ambulance service using Bucks Co-ordinated Care Record (BCCR).

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. The practice had also signed up to the electronic Summary Care Record (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 but there was no protocol in place. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice nurses told us they were getting further advice from GPs. We found that staff were not trained in this area but we noted that training was organised in near future.

When interviewed, staff gave examples of how a patients best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions and all staff were clear about when to obtain written consent. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure.

### Health promotion and prevention

The practice used information about the needs of the practice population identified by the Joint Strategic Needs

# Are services effective?

(for example, treatment is effective)

Assessment (JSNA) undertaken by the local authority to help focus health promotion activity. The JSNA pulls together information about the health and social care needs of the local area.

The practice also offered NHS health checks to patients aged 40 to 75 years where potential health concerns were identified. Practice data showed that 10% of patients in this age group took up the offer of the health check. The practice was aware of these low figures. There were reasons such as the practice was struggling with staffing issues and focusing on areas of clinical care which were more important or the practice had attempted to see the patients but not all were able to see their GP. For example, practice carried out a patients survey in order to address the missing appointments issue. Nurses were also trained to carry out NHS health checks and the practice was expecting to make improvement in this area which will also be linked with diabetic screening and lifestyle education programme.

The practice was offering smoking cessation advice and data showed 5% smokers stopped smoking in the last 24 months. The practice's performance for the cervical screening programme was 81%, which was similar to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. For example: Flu vaccination rates for the over 65s were 71%, and at risk groups 52%. These were below or similar to national averages of 73% and 52% respectively.

Childhood immunisation rates for the vaccinations given to under ones were 98% which was above CCG average of 97%, under twos were 97% which was above CCG average of 96% and five year olds were 96% but CCG data was not available for comparison.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey conducted in 2015. This data showed 110 patients had completed the survey which was 29% of those who had been sent the questionnaire. We also reviewed the 2015 a survey of 39 patients undertaken by the practice's patient participation group (PPG) and the results from the friends and family recommendation survey carried out by the practice in June 2015 (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example the practice was rated highly for satisfaction scores on consultations with doctors and nurses with 90% of practice respondents reporting the GP was good at listening to them compared to the CCG average of 91% and national average of 89%. Ninety seven per cent said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received eight completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Two comments were less positive but there were no common themes to these. We also spoke with 14 patients on the day of our inspection and majority of patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations but sometimes conversations taking place in these rooms could be overheard from corridors.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by sliding door which helped keep patient information private. Additionally, 83% said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff. We were shown an example of a report on a recent incident that showed appropriate actions had been taken. There was also evidence of learning taking place as staff meeting minutes showed the incident had been discussed and that customer service training was delivered by an external trainer.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

### Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 85% of practice respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%. Eighty one per cent of practice respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during

## Are services caring?

consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language but this service was rarely used.

### **Patient/carer support to cope emotionally with care and treatment**

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, data from the national patient survey showed 83% of practice respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%. Ninety per cent of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered a bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, smoking cessation, self-check blood pressure machine, self check-in appointment system and citizen advice clinic. Citizen advice clinic was providing outreach services with regular sessions at the practice to give advice on benefits. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support.

The practice had met with the Public Health team from the local authority and the CCG to discuss the implications and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the population in the local area. This information was used to help focus services offered by the practice.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example, appointments system and surgery opening hours were reviewed as per recommendations. The practice also applied grants for extending waiting area and automatic main entrance doors but applications were rejected.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, nurses had thorough understanding of patients cultural and ethnic beliefs. Nurses informed us that insulin dosages were adjusted for diabetic patients who were fasting for religious reasons.

Patients living in one local learning disability care home were registered with the practice. GPs supported these patients by offering visits as and when the patients required and by offering advice to the care home staff. The practice recognised the needs of carers and ensured they

received advice and support appropriate to their needs. The practice was providing the enhanced service to patients with a learning disabilities. However, only seven patients out of 49 registered patients with learning disabilities had attended the health checks appointments during last year.

The majority of the practice population were English speaking patients but access to online and telephone translation services were available if needed. Staff were aware of when a patient may require an advocate to support them and there was information on advocacy services available for patients.

The premises and services had been designed to meet the needs of people with disabilities. Consulting and treatment rooms were located on both ground and first floors and there was lift access to the first floor. We saw large waiting area on ground floor and small waiting area on first floor with plenty of space. The ground floor waiting area was congested and there was limited space for wheelchair, prams and mobility scooters but chairs could be easily adjusted when required. The practice corridors enabled access for patients who used wheelchairs and mobility scooters. This made movement around the practice easier and helped to maintain patients' independence. There were no automatic doors but a buzzer was provided outside the main entrance, for patients who required assistance. GP informed us that a grant was refused by NHS England for extending the waiting area and updating the premises. The IT system flagged up patients who only wanted to attend an appointment on ground floor.

A digital check in and a hearing induction loop system was available to assist patients using hearing aids and written information could be enlarged for patients with a visual impairment. A low level desk area was available at the corner of reception which was accessible for wheelchair users and also can be used for private conversation.

Staff told us that they have few patients who were of "no fixed abode" and would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

# Are services responsive to people's needs?

## (for example, to feedback?)

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team events.

### Access to the service

The surgery was open from 8:15am to 6:30pm Monday to Friday. The surgery was closed on bank and public holidays and it was advised to call 111 for assistance during this time. The surgery offered range of scheduled appointments to patients every weekday from 8:15am to 6:30pm including open access appointments with a duty GP throughout the day. The surgery opened for extended hours appointments three late evenings from 6:30pm to 7:30pm. The surgery also offered seasonal flu clinics on Saturday mornings and late evenings.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for older patients, those experiencing poor mental health, leg ulcer management, health checks for patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Patients who could not attend the practice were also offered home visits when needed.

The GP national patient survey 2015 information we reviewed showed patients gave mixed a response to questions about access to appointments. For example, 73% described their experience of making an appointment as good compared to the CCG average of 76%. Seventy seven per cent were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%. Sixty four per cent said they could get through easily to the surgery by phone compared to the CCG average of 75%. Eighty three per cent said they found receptionists at this surgery helpful as compared to CCG

average of 87%. Sixty three per cent said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

The majority of patients we spoke with were satisfied with the appointments system and said it was easy to use. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly but they could see another doctor if there was a wait to see the GP of their choice. They confirmed that they could see a duty doctor or nurse on the same day if they felt their need was urgent. A range of appointments were offered including routine, four weeks and two days in advance and on the day urgent appointments. Telephone consultations were also available which were useful for patients who worked or those that found it difficult to attend the practice. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. One of the patients we spoke with had made a verbal complaint which was dealt swiftly but practice did not keep records for verbal complaints.

We looked at 19 complaints received in the last 12 months and found that all had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted

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

on and improvements made to the quality of the service as a result. For example, a customer service training course was organised in response to number of complaints against reception staff.

# Are services well-led?

Requires improvement 

(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 stated mission statement. The statement of purpose was recently reviewed in 2015. The practice had a vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice objectives were part of the practice's statement of purpose and business plan. But the practice was unable to achieve these, for example there was poor performance in relation to the medicine reviews for patients with long term conditions, a low uptake for NHS health checks and we found health check outcomes for patients with learning disabilities were not satisfactory.

The practice vision and objectives included working in partnership with patients and staff to provide the best primary care services possible. This also included working within local and national governance, guidance and regulations. However, the practice informed us that they were facing a recruitment crisis due to old partners retiring and they had been unable to recruit new GPs. The practice informed us they had succession plan in place and implemented a number of measures to mitigate the loss of the clinical staff. This included national advertising and the employment of recruitment agencies to recruit new GP. These steps had not been successful to provide the stability in the staff team. There was a revised plan in place which included training new nurse prescribers and recruiting full time pharmacist to carry out medication reviews and audits. However, the practice had to prioritise patient care and providing urgent appointments on a day to day basis. As a consequence of this prioritisation the practice had not been able to fully monitor, assess and undertake all the patient reviews and checks in a timely way.

We spoke with sixteen members of staff and they all knew and understood the vision and objectives and knew what their responsibilities were in relation to these and had been involved in developing them. Our observations of staff receiving patients at reception and in taking phone calls from patients demonstrated that they placed the patient first in their day to day work.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at six of these policies and all were up to date.

The practice did not have a registered manager in place on the day of inspection but an application was in process. Practice manager was dealing with CQC registration team and showed us the correspondence requesting face to face interview before completing the process. There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and one partner was identified as lead for safeguarding. We spoke with sixteen members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. They told us that managers and GPs were approachable and listened to ideas for improving services and to any concerns they had.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for year 2014-15 had reflected that the practice was required to improve performance for patients with diabetes, chronic kidney disease, coronary heart disease and hypertension. However, the nurses were planning to identify patients by increasing number of NHS health checks and were also considering to start health education programme. The practice was planning to recruit a full time pharmacist to take the lead role in carrying out medicine reviews for patients with long term conditions.

The practice had informed us that there plans for succession planning and recruiting new GPs had not gone very well and they were facing recruitment crisis. The practice was unable to appoint new GPs to cover sickness, fill the gaps for GPs leaving in near future and were relying on locum doctors. The practice had recruited two new nurses, two salaried GPs and a part time pharmacist. The practice was considering to offer pharmacist full time contract in order to create extra appointment slots by reducing the burden on GPs and improved performance for audits and medication reviews. The practice was in discussion with NHS England over a possible list closure to new patients, preventing increased demand while they tried to deal with their staffing problems.

# Are services well-led?

Requires improvement 

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

There were processes in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff. The practice regularly submitted governance and performance data to the CCG.

The practice identified, recorded and managed operational risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented, for example non-disposable curtains were replaced with disposable curtains following an audit and risk assessment was in place to make sure disposable curtains to be changed every six months.

The practice held monthly staff meetings where governance issues were discussed. We looked at minutes from these meetings and found that performance, quality and risks had been discussed.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, (for example disciplinary procedures, induction policy, grievance policy and management of sickness absence) which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

## Leadership, openness and transparency

The partners in the practice were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

We saw from minutes that practice learning team meetings, reception team meetings, nursing team meetings were held separately every month and the clinical team met once a week. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confidence in doing so and

felt supported if they did. We also noted that team away days were held last year but still waiting dates for this year. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. We looked at the results of the survey and noted actions were identified to improve the service. This was included in the survey report, which was available on the practice website. The survey was mainly focused on missed appointments. However, the practice could consider what specific information could be included in the survey to gauge broader patient opinion through the survey.

The practice had an active virtual patient participation group (PPG). This had been in existence since 2010 with 140 members but they met occasionally. We spoke with one member of the PPG and they were very positive about the role they played and told us they felt engaged, valued and supported by the practice. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The practice had also gathered feedback from staff through staff meetings, appraisals and 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 involved and engaged in the practice to improve outcomes for both staff and patients.

## Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at seven staff files and saw that regular appraisals took place which included a personal development plan. The staff training plan showed us that staff were required to complete mandatory training and that nurses were supported to attend relevant professional updates. Staff we spoke with told us about their personal development plans and we witnessed career progression among both nursing and admin staff.

# Are services well-led?

Requires improvement 

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

The practice had completed reviews of significant events and other incidents and shared with staff at monthly learning team meetings to ensure the practice improved outcomes for patients.

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 17 HSCA (RA) Regulations 2014 Good governance <b>Regulation:</b> We found the registered person did not have effective governance, assurance and auditing processes to monitor the service; and ensure that records relating to the care and treatment of patients were fit for purpose. Regulation 17(1)(2)(a)(b)(c)(f).