

Stokenchurch Medical Centre

Quality Report

Stokenchurch Medical Centre
Oxford Road
Stokenchurch
Buckinghamshire
HP14 3SX
Tel: 01494 256073
Website: www.stokenchurchmedicalcentre.co.uk/

Date of inspection visit: 25 May 2016
Date of publication: This is auto-populated when the report is published

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Stokenchurch Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stokenchurch Medical Centre on 25 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had invited the mobile breast screening unit to Stokenchurch.
- The practice had good modern facilities and was well equipped to treat patients and meet their needs.

- Feedback from patients and external stakeholders including the local nursing home and two care homes for adults with severe learning and physical disabilities which Stokenchurch Medical Centre provided the GP service for was consistently positive.
- The majority of patients said they found it easy to make an appointment with their named GP, with urgent appointments available the same day. There was mixed feedback about the new urgent clinics which commenced in October 2015.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had clear and visible clinical and managerial leadership and supporting governance arrangements.

However, there were areas where the provider needs to make improvements. Importantly the provider should:

Summary of findings

- Continue to encourage patient participation in completing the NHS Friends and Family Test whilst reviewing results from the GP national survey. Notably results on satisfaction scores for

Stokenchurch Medical Centres opening hours and patient satisfaction of the revised appointment process, specifically the urgent clinics which commenced in October 2015.

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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a variety of completed two cycle clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a 'carer's champion' providing support through community settings to enable patients to live independently for longer.
- Feedback from the local nursing home and care homes for adults with severe learning and physical disabilities which accesses GP services from Stokenchurch Medical Centre praised the GPs, they told us residents were treated with care and compassion.

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 Chiltern Clinical Commissioning Group to secure improvements to services where these were identified.
- Patient's feedback highlighted the benefits of having a named GP and there was continuity of care. Further positive feedback was received regarding the convenience of appointments and in the main positive about the change in the appointment process and implementation of urgent clinics. However, not all patients were satisfied with practice opening hours and access via the telephone.
- The practice had good modern facilities and was well equipped to treat patients and meet their needs.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group which was active and the group had suggested ideas which the practice had implemented, for example, Aortic Aneurysm (an aortic aneurysm is the swelling of the aorta, the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body) testing for men over 65 years old.

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 patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- The practice provided GP services to a local nursing home. One of the GPs held a weekly session at the home to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews. The medical secretary from Stokenchurch Medical Centre was the designated point of contact for the care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, This was better when compared to the CCG average (92%) and national average (93%).

Good



People with long term conditions

The practice is rated as good for the care of patients 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 showed the practice had achieved 100% of targets which was better when compared to the CCG average (93%) and the national average (89%).
- Longer appointments and home visits were available when needed.
- All patients had a named GP and those with long term conditions had a structured annual review to check their health

Good



Summary of findings

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.

- A nurse trained in anticoagulant (blood thinning) management and held weekly clinics to monitor patients' blood to determine the correct dose of anti-coagulant medicine. This provided improved access and standardised delivery in monitoring dosage. It also meant there was a 'one-stop-visit' that offered testing obtaining results and adjustments in dose, with the opportunity to discuss results during the same visit.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young 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 83%, which was comparable to the CCG average (84%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available between 8.30am and 6.30pm Monday to Friday. The practice was open one Saturday morning each month specifically for patients not able to attend outside normal working hours but there were no restrictions to other

Good



Summary of findings

patients accessing these appointments. The Saturday morning clinics were supported by the health care assistants who completed NHS health checks for patients unable to attend their health check during traditional working hours.

- 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.
- Patients who wished to check their own blood pressure and their weight and height were encouraged to do so and the results were reviewed by their named GP.
- The practice offered the convenience of a daily phlebotomy service, contraception clinic, minor conditions management and travel immunisations.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Stokenchurch Medical Centre regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia).

- 100% of patients experiencing poor mental health had received an annual physical health check. This was better when compared to the CCG average (89%) and national average (88%).

Good



Summary of findings

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was better when compared to the CCG (86%) and national average (84%).
- 82% of newly diagnosed patients with depression had a depression review, 10-56 days after diagnosis. This was better when compared to the CCG average (70%) and national average (64%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All practice staff had completed dementia training and dementia awareness workshops. Training provided by Dementia Academic Action Group and the Alzheimer's Society had resulted in the practice having a network of 'dementia friends' (Dementia Friends is an Alzheimer's Society initiative that aims to give patients a greater understanding of the impact of dementia and ways to help patients with dementia live well in their community).

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice had similar performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. On behalf of NHS England, Ipsos MORI distributed 239 survey forms and 103 forms were returned. This was a 43% response rate and amounts to 1.5% of the patient population.

- 73% of patients found it easy to get through to this practice by phone (CCG average 76%, national average 73%).
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 86% of patients described the overall experience of this GP practice as good (CCG average 85%, national average 85%).
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average 79%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Numerous comments praised the new appointment system which was launched in October 2015. However, several comments although mainly positive highlighted their dissatisfaction in the revised appointment process. Additional comments commended the benefits of having a named GP, the spacious modern facilities and a large car park.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Similar to comments on the Care Quality Commission comment cards, feedback was mixed regarding the appointment process but was mainly positive.

We also spoke with a local nursing home and two care homes for adults with severe learning and physical disabilities which Stokenchurch Medical Centre provided the GP service for. They praised the practice and they told us they highly recommend the practice, they were extremely satisfied with the high standards of care their residents experienced and told us the service they received was responsive to their patients complex needs, GPs always listened and treated the patients with dignity and respect.

Before the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.

- The practice achieved a 60% satisfaction rate in the NHS Friends and Family Test in April 2016, 55% in March 2016 and 70% in February 2016.

The practice was aware of the low scores in the NHS Friends and Family Test. We saw evidence that the response rate was very low which impacted the overall figures. The practice was proactively encouraging patients to respond to the test including promotion on the practice website and within the practice.

Stokenchurch Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Stokenchurch Medical Centre

Stokenchurch Medical Centre is a large, two storey purpose built dispensing practice in Stokenchurch, Buckinghamshire located on the edge of the Chiltern Hills mid-way between High Wycombe and Oxford.

Stokenchurch Medical Centre is one of the practices within Chiltern Clinical Commissioning Group and provides general medical services to approximately 6,800 registered patients.

All services are provided from:

- Stokenchurch Medical Centre, Oxford Road, Stokenchurch, Buckinghamshire HP14 3SX.

Data from the Office for National Statistics, suggests this area of Buckinghamshire has a high level of affluence and minimal economic deprivation.

The practice population has grown significantly in the last 12 months and has a higher proportion of patients aged 40-69 compared to the national average. Ethnicity based on

demographics collected in the 2011 census shows the population of Stokenchurch is predominantly White British and 4% of the population is composed of people with an Asian or Black background.

The practice population provides GP services for the Travelling community who reside in the area for six months each year (approximately 40 registered patients) and also has a proportion of patients in a local nursing home (approximately 75 registered patients) and two homes for adults with severe learning disabilities (approximately 13 registered patients).

The practice comprises of four GP Partners (two male and two female) who are occasionally supported by six long term locum GPs.

The all-female nursing team is led by a nurse prescriber and the full nursing team consists of one practice nurse, one specialist diabetic nurse and two health care assistants, one of which also works as a phlebotomist within the practice.

A practice manager, assistant practice manager, reception manager, a team of reception and administrative staff undertake the day to day management and running of the practice.

One of the GPs is the designated dispensary lead and the dispensary team consists of three dispensers, two of which also undertake reception duties.

The practice has core opening hours between 8.30am and 7pm Monday to Friday with appointments available from 8.30am to 6.30pm daily. Extended opening hours were on one Saturday morning each month when the practice was open between 8am and 10am.

The dispensary has core opening hours between 9am and 6.30pm every weekday.

Detailed findings

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Chiltern Clinical Commissioning Group (CCG), Healthwatch Bucks, NHS England and Public Health England.

We carried out an announced visit on 25 May 2016. During our visit we:

- Spoke with a range of staff (four GP's, two nurses, a dispenser, the management team and several members of the administration and reception team) and spoke with eight patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

For example, we saw a significant event analysis following an ear procedure performed at the practice which resulted in severe complications. On reflection this patient was not suitable for this procedure yet the procedure was still performed. Learning was shared with all members of the practice team responsible for clinical procedures. Reflective proactive learning included the design and implementation of a risk assessment, checklist and consent form for specific procedures. All staff we spoke with now complete specific assessments prior to completing procedures.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and all staff we spoke with knew who this was. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding. For example, all GPs were trained to Safeguarding Children level three and could provide evidence of completed training, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.

- Notices on the TV screen in the waiting room, in consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control 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. We saw the latest audit from March 2016 and subsequent action that was taken to address any improvements identified as a result, for example slight renovation to the utility room to ensure cleaning equipment was stored correctly to reduce the risk of cross contamination.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One current medicines audit we saw

Are services safe?

was reviewing practice prescribing habits for the three most commonly prescribed antibiotics. During the inspection we observed blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants was trained to administer vaccines (influenza, pneumococcal and shingles) against a patient specific prescription.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. The dispensary had documents which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures cover all aspects of work undertaken in the dispensary. The SOPs that we saw would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice 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 (December 2015). 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 had an independent water specialist review the risk of legionella within the premises (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the practice computers which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception area.
- The practice had a defibrillator available on the premises and oxygen with adult, child and baby face masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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. In October 2015, there was a major critical incident within the grounds of Stokenchurch Medical Centre. A vehicle crashed into the building causing damage to the building and injuring a member of staff. During the inspection we reviewed the incident and heard how practice staff implemented the critical incident plan and alerted the emergency services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, this was higher than the CCG average (97%) and the national average (95%). The most recent published exception reporting was better when compared to the CCG and national averages, the practice had 4% exception reporting, the CCG average exception reporting was 8% and the national average was 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was comparable to the CCG average (93%) and higher than the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were comparable to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).

There was evidence of quality improvement including a comprehensive programme of clinical audits. These included audits for prescribing, complications post ear syringing, practice accident and emergency frequent attenders, heart disease and hypertension.

- There had been 10 clinical audits undertaken in the last year, all 10 of these were completed, two-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. The practice was aware of the requirement to review prescribing habits for antibacterial items and completed antibiotic prescribing audits.
- Furthermore, we saw a recent two cycle clinical audit which commenced in April 2015 to review patients with a high CHADS2 score who were not receiving correct treatment. (CHADS2 score is a clinical prediction rule for estimating the risk of stroke in patients).

Following the second cycle of the audit (January 2016), there had been a steady improvement and reduction in the number of patients who required a change in their treatment.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we spoke with two of the nurses who had a forthcoming sexual health study day designed to champion and promote good sexual health and provide education to the practice patients.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice provides facilities to enable support groups for example Healthy Minds to use the practice (Healthy Minds is a NHS service for patients who feel anxious, depressed or stressed).
- Information from Public Health England showed 99% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (96%) and higher than the national average (94%). Smoking cessation advice was available from an external advisor who attended the practice on a weekly basis.
- Patients who wished to check their own blood pressure and their weight were encouraged to do so, there was an area of the practice which contained equipment to allow patients to manage and record their height, weight and blood pressure and the results were automatically added to their medical records for review by their named GP.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average (84%) and the national average (82%).

There was success in practice patient's attendance at national screening programmes for bowel and breast cancer screening. For example:

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

- 59% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (59%) and national average (58%).
- 79% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged from 96% to 99% (CCG averages ranged between 95% to 97%) and five year olds from 95% to 100% (CCG averages ranged between 93% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice was required to invite a minimum of 458 patients for their NHS health check (patients aged 40-74). This was achieved as 690 patients were invited and 241 patients had a full health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice was fully aware of their NHS health check performance and requirement to increase the uptake. One of the actions included health care assistants supporting the monthly Saturday morning clinics to complete NHS health checks for people unable to attend their health check during traditional working hours.

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 25 patient Care Quality Commission comment cards we received were positive about the service experienced. All the cards completed were all positive and complementary about the practice.

Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to local and national performance for its satisfaction scores on consultations with GPs, with the exception of interactions with receptionists which was higher. For example:

- 90% of patients said the GP was good at listening to them (CCG average 91%, national average 89%).
- 90% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average of 96%, national average 95%).
- 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 91% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Feedback from the local nursing home and care homes for adults with severe learning and physical disabilities which Stokenchurch Medical Centre provided the GP service for was extremely positive. They highlighted the GPs were good at listening and commented the GPs were respectful, supportive, compassionate and caring.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Verbal patient feedback and written feedback on the comment cards we received was also positive and aligned with these views.

However, results from the national GP patient survey with reference to questions about patients involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 82% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 88% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).

The practice had recently updated how staff members access translation services for patients who did not have English as a first language. Staff told us there was little call for the service as most patients were able to speak English.

Are services caring?

The practice was conscious that the practice profile was ever changing and there was a small cohort of Eastern European patients who were attracted to work within the local area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. In May 2016, the practice patient population list was 6,800. The practice had identified 108 patients, who were also a carer; this amounted to 1.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

One of the reception team was also employed as a 'carer champion' providing support through community settings to enable patients to live independently for longer. The practice worked closely with the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers including the promotion of completing a regular carers risk assessments.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered monthly Saturday morning clinics for working patients who could not attend during normal opening hours. Originally implemented for working patients who could not attend during normal opening hours but there was no restrictions on who could book these appointments.
- Following a significant event, the practice implemented a change in the appointment process. Launched in October 2015, the practice introduced daily emergency sit and wait clinics; one in the morning and one the other in the afternoon. These are for people seriously ill on the day and instead of sitting at home or at A and E they can attend the surgery following a telephone assessment.
- Although there were four GP Partners, each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families. However, any patient could request to see a GP of their choice, if required.
- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Stokenchurch Medical Centre was accessible for people with disabilities and mobility difficulties. We saw that the waiting areas used for the ground floor consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had step free access, a

lowered reception desk and a lift. The inspection team noted there wasn't an automatic door entrance to help those with mobility difficulties or a portable hearing loop to help those with hearing difficulties.

- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- The practice actively used social media to work directly to improve patient and practice communications. Communication via two popular social media mediums was regularly updated and included updates including Bank Holiday opening hours and information regarding the local dementia coffee morning.
- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. For example, following a suggestion from the patient participation group the practice invested in several portable Atrial Fibrillation testing machines. Atrial fibrillation is a heart condition that causes an irregular and often an abnormally fast heart rate whilst increasing the risk of a stroke. The devices enabled patients to determine whether the heart is in an atrial fibrillation in less than one minute. Of the patients screened so far, we saw evidence of patients who have now had a positive diagnosis for atrial fibrillation and have since received care and treatment to manage this condition which was previously undiagnosed.

Access to the service

The practice had core opening hours between 8.30am and 7pm Monday to Friday with appointments available from 8.30am to 6.30pm daily. Extended opening hours were on one Saturday morning a month when the practice was open between 8am and 10am. The dispensary had core opening hours between 9am and 6.30pm every weekday.

Results from the national GP patient survey showed that patient's satisfaction with the practice's opening hours was lower when compared to local and national averages. For example:

- 64% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).

Are services responsive to people's needs?

(for example, to feedback?)

Further results indicated patients satisfaction in how they could access the practice on the telephone was comparable to local and national averages.

- 73% of patients said they could get through easily to the practice by telephone (CCG average 76%, national average 73%).

The same survey identified patients were satisfied with the convenience of appointments.

- 96% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%).

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. The complaints

procedure was also available on the practice website. Staff we spoke with were aware of their role in supporting patients to raise concerns. All reception staff had received informal resolution training. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had received 20 complaints in the last 12 months, we looked at a random sample of three complaints and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to as a result to improve the quality of care. 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 practice manager or one of the GPs.

The practice manager had reviewed and responded to all feedback on NHS Choices website, sought patients' feedback and engaged patients in the delivery of the service.

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

We heard from all the staff we spoke with that there was a 'patient first' ethos within the practice. The GP Partners and practice manager individually commented they aim to provide a first class quality and caring service to patients. This was corroborated by the patients with whom we spoke.

- The practice had a clear vision to deliver . There was a core principle of openness and respect for all, which was embedded into the culture of the practice. All staff we spoke with placed patient care at the heart of our discussions.
- The practice had a documented strategy and a three year business plan which addressed business needs, staff training needs and staff succession planning. We saw the supporting business plans reflected the vision and values of the practice and were regularly reviewed, updated and monitored.
- The practice had a strategic approach to future planning including succession arrangements to identify and address future risks to personnel leaving or retiring.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice and results from the GP national survey was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The management team fully engaged with the Care Quality Commission inspection process. On the day of inspection the management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear, open leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings. On the day of inspection we observed the daily briefing, known as the '8-20' attended by all staff which highlighted any updates, the days priorities, the previous days performance and celebrated recent successes within the practice
- We found all staff in the practice understood their role in leading the organisation and enabling staff to provide good quality care.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- In 2014, the practice was nominated for a certificate of merit for their contribution to healthcare in Buckinghamshire. This award, for Healthcare team of the year was awarded by Buckinghamshire Health Trust and celebrates “safe and compassionate care, every time”.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active and supportive PPG which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, aortic aneurysm testing for men over 65 and inviting the breast screening mobile unit to use the facilities within Stokenchurch Medical Centre.
- Stokenchurch Medical Centre had recently started seeking and replying to feedback via social media communications.
- The practice engaged with the local village community magazine which has a circulation of 24,000 homes and businesses in the Chiltern area. The practice had written articles communicating important health related news via this magazine. We saw articles about norovirus (norovirus, causes diarrhoea and vomiting, is one of the most common stomach bugs in the UK) and highlighting the importance of people who failed to attend NHS appointments.
- The practice had gathered feedback from staff through social events, informal coffee mornings, staff meetings, daily briefings known as the '8-20', appraisals and other 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 to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example:

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning time and access to online training materials. Furthermore, one member of staff joined Stokenchurch Medical Centre as an administrator; during their appraisals and meetings with their manager she shared her ambitions to become a nurse. The member of staff now works as a health care assistant and is working towards a qualifications to commence nurse training.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice was working with the clinical commissioning group (CCG) and implemented urgent daily clinics to reduce the number of patients who presented at accident and emergency units for symptoms which can be resolved within the practice.
- We saw plans of Skype appointments (a spoken conversation over the Internet using the software application Skype, frequently also viewing by webcam), an attempt to get patients to become more active by supporting fitness/exercise classes and lunchtime walking sessions. Further practice developments included developing the adjacent meadow with exercise structures/equipment for the Stokenchurch community to use.