Ashcroft Surgery

Quality Report

Ashcroft Surgery
Stewkley Road
Wing
Nr. Leighton Buzzard
Bedfordshire
LU7 0NE
Tel: 01296 688201
Website: http://www.ashcroft-surgery.co.uk/

Date of inspection visit: 27 September 2016
Date of publication: 07/11/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashcroft Surgery in Wing, Bedfordshire on 27 September 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for the provision of safe and effective services. The practice was rated good for providing caring, responsive and well-led services. 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:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients were at risk of harm because the practice did not have processes in place to deal with all possible medical emergencies. For example, there was uncertainty from practice staff as to what emergency medicines were available and where emergency medicines were stored.
- Training arrangements were consistent and there was a system to identify when staff had training and when it would need to be refreshed. However, there was no programme of staff appraisals, with no evidence of performance monitoring and identification of personal or professional development.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was reviewed and discussed with staff.
- It was evident the practice had gone through a period of transition including a significant number of key staff changes. Staff told us stability had returned and despite the changes we saw evidence of team working across all roles.

There were areas of practice where the provider needs to make improvements. Importantly, the provider must:

- The practice must make adequate arrangements to deal with medical emergencies, including an assessment of what emergency medicines should be available and make them easily accessible to all staff.
- Ensure staff receive appropriate support, professional development and appraisal according to their roles. Including for staff providing clinical care and treatment to ensure it's in line with national guidance and guidelines.

The areas where the provider should make improvement are:

- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Ensure that the practice engages with patients whilst increasing awareness of the NHS Friends and Family Test to determine appropriate action with a view to monitor the patient experience.

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?

Requires improvement

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

- There was not appropriate storage of emergency medicines. Staff were unsure of where they would access emergency medicines. If staff were not sure where to obtain medicines or whether they were stored onsite, this could delay any response to a medical emergency. Following the inspection evidence was submitted which showed the practice had recorded the lack of emergency medicines as a significant event and as part of that analysis the practice now had these added to the emergency medicines kit.
- 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.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Requires improvement

The practice is rated as requires improvement 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. The practice had a comprehensive understanding of clinical performance. QOF data for 2014/15 showed Ashcroft Surgery had achieved 100% of QOF targets. The practice provided 2015/16 national QOF data (to be published in October 2016) which indicated similar success as 100% of points had been achieved. However, this data was not yet externally validated.

Summary of findings

- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was not a programme of staff appraisals, with no evidence of performance monitoring, identification of personal or professional development.

Are services caring?

Good

The practice is rated as good for providing caring services.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Verbal and written patient feedback highlighted patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.
- Furthermore, data from the latest national GP patient survey (published in July 2016) showed that patients rated the practice highly for the vast majority of aspects of care, specifically for interactions with the nursing staff. For example, 91% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care. This was higher when compared to the local clinical commissioning group (CCG) average (84%) and national average (85%).
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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 Aylesbury Vale Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had accessible facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Data collected via the national GP patient survey reported patients had good access to appointments at Ashcroft Surgery. For example, 93% of patients said they were able to get an appointment to see or speak to someone the last time they tried. This was higher when compared to the local CCG average (84%) and national average (85%).
- All of the verbal and written feedback received on the day of the inspection, was positive about access. Patient feedback also highlighted the benefits of the weekly anticoagulant management clinic held at the practice.
- 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?

Good

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

- The practice had a vision and strategy to deliver person-centred care to Ashcroft Surgery patients within a traditional village practice. All staff we spoke with said that there was a 'patient first, family' ethos within the practice.
- All staff were aware of their own roles and responsibilities and felt supported by the management team. The practice had a number of policies and procedures to govern activity.
- There was a developing governance framework which supported the delivery of the strategy and good quality care. However, improvements were identified in relation to the management of medical emergencies and systems to ensure staff received appropriate support, professional development and appraisal.
- 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.
- Despite recent challenges faced by the practice, the practice was starting to focus on continuous learning and improvement at all levels. This included immediate responses to aspects of our initial feedback we provided at the end of the inspection.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing safe and effective services. 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.
- Ashcroft Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.
- Ashcroft Surgery provided GP services to a local residential home (38 patients) with a lead GP designated to the home. The designated GP held regular sessions 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 practice used a mobile tablet computer with remote secure encrypted access to patient records to access and update patient records in real time while consulting with them within the residential home.
- The practice had implemented two outreach clinics to meet the needs of the population. They were in surrounding villages with a predominantly elderly population and poor transport links. One was based in Cheddington (9am-9.30am every Tuesday) and another in Stewkley (11am-12 noon every Tuesday). Appointments were offered to patients in a local church and village pavillion as this was more convenient for those who may find it difficult to attend the practice. These clinics saw approximately 44 patients per month. The clinic was only used for consultations unless otherwise necessary and patients were told of any risks involved before giving consent.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- All of nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages. For example, Ashcroft Surgery performance for osteoporosis (osteoporosis is a condition that weakens bones, making them

Summary of findings

fragile and more likely to break) indicators was higher than both the local and national averages. The practice had achieved 100% of targets which was higher when compared to the CCG average (89%) and the national average (81%).

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- GPs and the nurse had additional training and lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- One of the GPs and the nurse was trained in anticoagulant (anticoagulants are medicines that help prevent blood clots) management and held clinics to monitor patients' blood to determine the correct dose of anti-coagulant medicine. This provided better improved access, standardised delivery in monitoring dosage, 'one-stop-visit' testing obtaining results and adjustments in dose, with the opportunity to discuss results during the same visit.
- Performance for diabetes related indicators showed Ashcroft Surgery had achieved 100% of targets which was higher when compared to the CCG average (92%) and the national average (89%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (100%) and higher when compared to the national average (96%).
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line and higher when compared to local averages for all standard childhood immunisations, specifically the three immunisations provided to children under 12 months were higher.
- 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 85%, which was similar when compared to the CCG average (83%) 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, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people including those recently retired and students. The practice was rated as requires improvement for providing safe and effective services. 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.
- The dispensary has core opening hours between 9am and 6pm every weekday, dispensed to 68% of its patients (2,700 out of 3,950) and dispensed approximately 4,500 items each month.
- Patients feedback on the appointment system was positive overall.
- The practice website was well designed, clear and simple to use featuring regularly updated information. On-line booking for appointments and ordering repeat prescription was available for patients' convenience.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing safe and effective services. 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 travellers and those with a learning disability.
- All patients with a learning disability were invited to attend the practice for an annual health check. Nineteen patients with a learning disability were registered as a patient at Ashcroft Surgery and six of these patients receive specialised annual health reviews by a different service due to their complex learning difficulties. Data for 2015/16, shows of the remaining 13 patient's, nine patients (69%) had an annual health check.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 100% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was higher when compared to the CCG average (94%) and national average (88%).
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher when compared to the local CCG average (89%) and the national average (85%).

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Ashcroft Surgery had arranged for additional dementia awareness training for all practice staff delivered by the Alzheimer's Society (the leading UK care and research charity for people with alzheimer's and other dementias) for January 2017.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had higher performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. Specifically, Ashcroft Surgery patient's satisfaction for aspects relating to interactions with nursing staff was significantly higher than CCG and national averages. On behalf of NHS England, Ipsos MORI distributed 230 survey forms and 116 forms were returned. This was a 50% response rate and amounted to approximately 3% of the patient population.

- 68% of patients found it easy to get through to this practice by telephone (CCG average 72%, national average 73%).
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 86% of patients described the overall experience of this GP practice as good (CCG average 85%, national average 85%).
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which all gave a positive view on the standard of care received.

Furthermore, patients commented on receipt of excellent service from the GPs and the nurse. One of the comment cards highlighted the benefits of the in-house anticoagulation clinic.

We spoke with three patients during the inspection and two members of the patient participation group. Verbal feedback aligned to the level of satisfaction which was highlighted in the national GP patient survey and written feedback. All three patients and both members of the patient participation group praised the care they received and thought staff were approachable, committed and caring.

We also spoke with a local residential home for older people including those living with dementia which Ashcroft Surgery provided the GP service for. They praised the practice and they told us they highly recommend the practice 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.

During the inspection we requested 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 were happy with the service provided, or where improvements were needed.

There was limited promotion of the NHS Friends and Family Test within the practice and the last completed survey was in April 2016.

Ashcroft Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Ashcroft Surgery

Ashcroft Surgery is a small rural GP dispensing practice located in purpose built premises in Wing, the village between Aylesbury, Buckinghamshire and Leighton Buzzard, Bedfordshire. Ashcroft Surgery is one of the practices within Aylesbury Vale Clinical Commissioning Group (CCG) and provides general medical services to approximately 3,950 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Services are provided from:

- Ashcroft Surgery, Stewkley Road, Wing, Near Leighton Buzzard, Bedfordshire LU7 0NE.

There are also two outreach clinics in two nearby villages:

- Cheddington (Methodist Church), The Green, Cheddington, Leighton Buzzard, Bedfordshire LU7 0RJ.
- Stewkley (Pavillion), Soulbury Road, Stewkley, Leighton Buzzard, Bedfordshire LU7 0HN

According to data from the Office for National Statistics, Wing and the surrounding villages have high levels of affluence, low incidence of substance misuse, low incidence of severe mental health problems and low levels of deprivation.

Ethnicity based on demographics collected in the 2011 census shows the population of Wing and the surrounding villages is predominantly White British.

The practice population has a lower proportion of patients aged between 20 and 39 years when compared to the local CCG and national averages whilst there is a higher proportion of patients aged between 45 and 74 years. Ashcroft Surgery also provides GP services to a local residential home (38 patients).

Over the previous three years Ashcroft Surgery has seen a significant amount of change, including changes of key members of staff including GP Partners and the practice manager.

The practice comprises of one GP (a male GP) who is supported by two salaried GPs (both female) and five long term locum GPs (three male, two female). The all-female nursing team consists of one practice nurse and one health care assistant.

The practice manager is being mentored by the previous practice manager who currently acts as the assistant practice manager, together with a team of reception and administrative staff they 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 a dispensary manager, two dispensers and an assistant dispenser who also performs reception duties.

Ashcroft Surgery is open between 8.30am and 6pm Monday to Friday with a range of appointments between 8.45am and 6pm. During the period between 8am and 8.30am and 6pm and 6.30pm, the Duty GP remains on site and provides emergency arrangements to patients contacting the practice.

Detailed findings

GP consultations at the two outreach clinics are available every Tuesday, in Cheddington between 9am and 9.30am and Stewkley between 11am and 12 noon. There were no extended hour's surgeries available. The dispensary has core opening hours between 9am and 6pm every weekday.

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 both practices 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 Aylesbury Vale Clinical Commissioning Group (CCG), Healthwatch Bucks, NHS England and Public Health England.

We carried out an announced visit to Ashcroft Surgery on 27 September 2016. During our visit we:

- Spoke with a range of staff. These included GPs, a nurse, practice manager, assistant practice manager and several members of the administration, reception and dispensary team.
- Also spoke with three patients who used the service.
- Observed how patients were being cared for.
- 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.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.

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 Care Quality Commission at that time.

Requires improvement

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 analysis of the significant events this included a review and analysis of every new cancer diagnosis.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice recorded a variety of significant events including an analysis of the legal and financial implications of switching from a GP partnership to a 'sole contractor status'. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis following an allegation against a locum GP of non-adherence to the chaperone policy (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).

This investigation highlighted excellent contemporaneous documentation including a record that a chaperone had been offered. Following this incident, the full review recommended additional promotion of the chaperone policy and posters. During the inspection we saw notices in the reception, waiting area and in all treatment rooms advised patients that chaperones were available if required. All staff members we spoke with could provide a full comprehensive understanding of the role and purpose of being a chaperone.

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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.

- 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).
- Ashcroft Surgery maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and practice manager had been appointed as the infection control leads. They had attended external training and had allocated time to complete this extended role which included liaison 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 provisions of eye and face protection was now available for use if a risk of splashing of body fluids was anticipated.

Requires improvement

Are services safe?

- We reviewed five 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.

Medicines Management

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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 the practice nurse to administer medicines in line with legislation. The health care assistant was trained to administer influenza vaccination against a patient specific prescription or direction from a prescriber.
- The practice dispensed to 68% of its patients (2,700 out of 3,950) and dispensed approximately 4,500 items each month. The practice had a designated GP lead for the dispensary. The dispensary had documented processes 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.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. We spoke with the dispensary manager who had records to demonstrate that the dispensers' competence had been checked regularly. When we spoke with the dispensary staff they were aware that their competence had been checked since they obtained their qualifications.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice and dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

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 displayed which identified local health and safety representatives. The practice had up to date fire risk assessments (the latest from August 2016) and carried out regular fire drills. All electrical equipment was checked (January 2015) to ensure the equipment was safe to use and clinical equipment was checked (October 2015) to ensure it was working properly. During the inspection we saw a set of weighing scales had not been checked and on closer review the scales were faulty. The practice disposed of the weighing scales and ordered a new set during the inspection. The practice had a variety of other risk assessments in place to monitor safety of the premises such as risk assessments for the two outreach clinics, control of substances hazardous to health and a legionella assessment (September 2016). Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at peak times of the day. The practice had experienced a significant amount of change in staff in the previous years; as a result the practice had a strategic approach to the use of locum GPs to respond to patient demand. A locum is a person who stands in temporarily for someone else of the same profession.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents. The planning for medical emergencies was not properly risk assessed:

Requires improvement

Are services safe?

- There was not appropriate storage of emergency medicines. Staff were unsure of where they would access emergency medicines. Most staff suggested they would get them from the dispensary and the dispensary staff suggested they would get from the treatment room within the practice. Neither the practice nor dispensary could locate atropine, which would be required as the practice performed aspects of minor surgery. Staff in both the practice and dispensary could not locate naloxone which would be used in the care of an overdose on pain relief medicine. If staff were not sure where to obtain medicines or whether they were stored onsite, this could delay any response to a medical emergency. Following the inspection evidence was submitted which showed the practice had recorded the lack of atropine and naloxone as a significant event and as part of that analysis the practice now had these added to the emergency medicines kit.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. On review of this plan, several details were incorrect and during the inspection the practice manager had reviewed, amended and added to the policy review schedule.

Requires improvement

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 similar to the local CCG average (97%) and higher when compared to the national average (95%). The most recent published exception reporting was similar when compared to the CCG and national averages, the practice had 6% 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).

The practice provided 2015/16 national QOF data (to be published in October 2016) which indicated similar success as 100% of points had been achieved. However, this data was not yet externally validated.

Data from 2014/15 showed the practice was in line and above all of the QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (92%) and the national average (89%).
- Performance for hypertension (high blood pressure) related indicators showed the practice had 100% of targets which was similar when compared to a CCG average (99%) and the national average (98%).
- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (97%) and the national average (93%).

We saw evidence and the GPs described a review of antibiotic prescribing habits within the practice. Evidence indicated progressive and consistent improvement over the past two years and the practice was able to demonstrate effective prescribing rates in terms of antibiotic prescribing compared to the local averages.

There was evidence of quality improvement including clinical audit.

- We saw the audits were discussed at the practice team meetings, reflected upon and learning shared with the full practice team.
- There had been four clinical audits completed in the last year, all four of these were completed audits where the improvements made were implemented and monitored.
- We reviewed three of the completed clinical audits and saw the findings were used by the practice to improve services. For example, one audit we reviewed which concluded in January 2016, reviewed the appropriateness of Ashcroft Surgery patients who had been prescribed hormone replacement therapy (HRT) medicine. Hormone replacement therapy (HRT) is a form of hormone therapy wherein the patient, in the course of medical treatment, receives hormones, either to supplement a lack of naturally occurring hormones or to substitute other hormones for naturally occurring hormones.
- The baseline results as of April 2014 indicated 46% of patients on HRT had their blood pressure taken within the preceding 12 months and 23% had a documented HRT annual review. Guidelines and standards recommended 80% of patients on HRT should have their blood pressure taken within the preceding 12 months and 70% of patients on HRT should have a documented HRT annual review.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The first collection of data as of October 2014 indicated 54% of patients on HRT had their blood pressure taken within the preceding 12 months and 49% had a documented HRT annual review. Therefore an improvement on both criteria.
- The second collection of data as of November 2015 indicated 61% of patients on HRT had their blood pressure taken within the preceding 12 months and 56% had a documented HRT annual review.
- Although improvements had been made there were still additional improvements to be made, we were informed of plans for a further audit to ensure improvements and appropriate timely reviews were maintained.

Effective staffing

The practice could not demonstrate that staff had all 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.
- Practice staffing included GPs, a nurse, a health care assistant, dispensary, managerial and administrative staff. We reviewed staff files and saw that there were records of training in areas such as infection control, medical emergencies, and safeguarding adults and children.
- 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 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.
- Staff did not receive a regular appraisal of their performance to identify training, learning and development needs. Our discussions with staff who had worked at the practice for more than 12 months confirmed staff had not had an annual appraisal in the preceding few years. For example, the nurse had not had an appraisal since joining Ashcroft Surgery in October 2013 and the last recorded appraisal for any member of staff was in February 2011. At the start of the inspection, the practice manager highlighted the lack of appraisals. We saw evidence that re-introducing a programme of appraisals was a top priority. We saw the practice manager was ready to contact every member of staff to arrange an appraisal to be completed within 12 weeks of the inspection.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and 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:

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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 received support or were signposted to the relevant service.
- Information from Public Health England showed 97% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (96%) and the national average (94%). Smoking cessation advice was available within the surgery and provided by the practice nurse.
- All patients with a learning disability were invited to attend the practice for an annual health check. Nineteen patients with a learning disability were registered as a patient at the practice and six of these patients receive specialised annual health reviews by a different service due to their complex learning difficulties. Data for 2015/16, shows of the remaining 13 patient's nine patients (69%) had an annual health check.

Ashcroft Surgery encouraged patients to attend national cancer screening programmes. For example:

- The practice's uptake for the cervical screening programme was 85%, which was similar when compared to the CCG average (83%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Furthermore, data from Public Health England indicated similar success to local and national averages in patients attending national screening programmes:

- 58% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar when compared to the CCG average (60%) and national average (58%).
- 70% 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 similar when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 91% to 100%, (CCG averages ranged between 96% to 97%) and five year olds from 95% to 100% (CCG averages ranged between 94% to 98%).

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. In 2015/16, the practice was required to invite a minimum of 282 patients for their NHS health check (patients aged 40-74). This was not achieved as 102 patients were invited and 75 patients had a full health check. We did see appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 three patient Care Quality Commission comment cards and all three of the patients we spoke with were positive about the service experienced. Patients comments highlighted they felt the staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey aligned with these views, however patient satisfaction for interactions with the practice GPs was slightly below the local and national averages. For example:

- 84% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 89%, national average 89%).
- 83% of patients said the last GP gave them enough time (CCG average 88%, national average 87%).
- 82% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 94% of patients said the nurse was good at listening to them (CCG average 90%, national average 91%).
- 97% of patients said the nurses gave them enough time (CCG average 92%, national average 92%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Feedback from the local residential home for older people including those living with dementia which Ashcroft Surgery 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

Verbal and written patient feedback highlighted patients 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. We also saw that care plans were personalised and patient specific which indicated patient and their carers were involved in decisions about care and treatment.

Results from the national GP patient survey showed a positive response in relation to questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 79% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 96% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 88%, national average 90%).
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff members were aware there was a translation services available for patients who did not have English as a first language. Staff were aware of this service and said there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service.

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. In September 2016, the practice patient population list was 3,950. The practice had identified 39 patients, who were also a carer; this amounted to approximately 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This 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.

Good

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 Aylesbury Vale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- 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.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Ashcroft Surgery provided GP services to a local residential home with a lead GP designated to the home. The designated GP held regular sessions 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.
- Ashcroft Surgery was accessible for patients with disabilities and mobility difficulties. We saw that the waiting areas and 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 a step free access, a lowered reception desk and a portable hearing loop to help patients who used hearing aids. There was not an automatic door entrance to help those with mobility difficulties although during the inspection we saw reception staff assist people who needed support opening the door.
- The practice had implemented two outreach clinics to meet the needs of the population. They were in surrounding villages with a predominantly elderly population and poor transport links. One was based in Cheddington (9am-9.30am every Tuesday) and another in Stewkley (11am-12 noon every Tuesday). Appointments were offered to patients in a local church and village pavillion as this was more convenient for those who may find it difficult to attend the practice. This reduced the number of home visits required, therefore allowing more appointments to be booked at the practice. On average three patients were seen at the Cheddington clinic in around 30 minutes – which would be the equivalent to one home visit and eight patients were seen at the Stewkley clinic in the 60 minute session. In total these clinics saw approximately 44 patients per month – enough to warrant keeping the service active but not so many that it was being used inappropriately. The clinic was only used for consultations unless otherwise necessary and patients were told of any risks involved before giving consent.
- A GP and the nurse was trained in anticoagulant management and held clinics to monitor patients' blood to determine the correct dose of anti-coagulant medicine. This provided better improved access, standardised delivery in monitoring dosage, 'one-stop-visit' testing obtaining results and adjustments in dose, with the opportunity to discuss results during the same visit.
- The practice website was well designed, clear and simple to use featuring regularly updated information. On-line booking for appointments and ordering repeat prescription was available for patients' convenience.

Access to the service

Ashcroft Surgery was open between 8.30am and 6pm Monday to Friday with a range of appointments between 8.45am and 6pm. During the period between 8am and 8.30am and 6pm and 6.30pm, the duty GP remains on site and provides emergency arrangements to patients contacting the practice.

GP consultations at the two outreach clinics were available every Tuesday, in Cheddington between 9am and 9.30am and Stewkley between 11am and 12 noon. There were no extended hour's surgeries available. The dispensary has core opening hours between 9am and 6pm every weekday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally similar when compared to local and national averages. However, patient's satisfaction regarding access to appointments was higher. For example:

- 68% of patients said they could get through easily to the practice by telephone (CCG average 72%, national average 73%).

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 93% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 89% of patients who say the last appointment they got was convenient (CCG average 92%, national average 92%).
- 67% of patients said they don't normally have to wait too long to be seen (CCG average 55%, national average 58%).
- 69% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 76%).

Written feedback on CQC comment cards and verbal feedback regarding access to appointments aligned to the survey results. People told us on the day of the inspection that they were able to get appointments when they needed them.

The residential home which access GP services from the practice, told us the practice was highly responsive to patients needs and provided examples of practice GPs ensuring continuity of care.

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 the up to date record and audit of all written feedback received. Furthermore, the practice had started to record all verbal feedback received.
- We saw that information was available to help patients understand the complaints system. Staff we spoke with were aware of their role in supporting patients to raise concerns.
- We looked at a random sample of complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. We saw lessons had been learnt from individual concerns and complaints. 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 one of the GP Partners. For example, one complaint we reviewed highlighted dissatisfaction in the standard length of a GP appointment. The practice had reviewed this complaint, implemented signage to promote the availability of longer (double) appointments which would be suitable for patients with multiple symptoms or complex needs.

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

Ashcroft Surgery had a clear vision to deliver person-centred care within a traditional village practice. All staff we spoke with said that there was a 'patient first, family' ethos within the practice. This was corroborated by the patients and external stakeholder (local residential home) with whom we spoke.

The practice had a strategy and supporting business plans which reflected practice values. For example, the practice was planning for an anticipated increase in its registered patient population due to developments in the community and had discussed potential for expanding the loft space within the practice to create additional rooms and increase the size of the premises.

Governance arrangements

Ashcroft Surgery had a developing governance framework which supported the delivery of the strategy and good quality care.

- Ashcroft Surgery specific policies were implemented and were available to all staff.
- Despite the amount of change within Ashcroft Surgery, an understanding of the clinical performance and patient satisfaction of the practice was maintained. The practice had proactively improved and maintained QOF performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, some improvements were required:

- Despite recent changes within the team, there was a clear staffing structure and staff were aware of their own roles and responsibilities. Regular meetings took place for staff groups including full team meetings. However, an appraisal programme should be implemented and completed.
- There were not robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, how medical emergencies were managed.

Leadership and culture

On the day of inspection the practice team detailed a recent history of significant changes, notably GP numbers had changed, the legal status of the practice had changed and the leadership team had recently stabilised and continued to be developed.

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 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.
- Staff said there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff also told us they felt respected, valued and supported, particularly by lead GP and now there was stability staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

There was arrangements in place to encouraged feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. The PPG was active, met regularly and were prepared to submit proposals for improvements to the management team. We spoke with two members of the PPG and they were positive about the role they played and told us they felt engaged with the practice.
- There was evidence of regular meetings however there was limited involvement in undertaking practice supported initiatives.
- During the inspection we requested 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

Are services well-led?

Good

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

understand whether their patients were happy with the service provided, or where improvements were needed. There was limited promotion of the NHS Friends and Family Test within the practice and the last completed survey was in April 2016.

- There had not been an appraisal programme and the last recorded appraisal was in February 2011. During the inspection the practice manager advised members of staff were to be contacted and all staff would have a completed appraisal within the following 12 weeks. The appraisal programme the practice manager described would identify required support, training and opportunities for professional development.

Continuous improvement

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

- Ashcroft Surgery had reviewed the needs of practice patients who required anticoagulant management and held clinics to monitor patients' blood to determine the correct dose of anti-coagulant medicine. This provided better improved access and standardised delivery in monitoring dosage.

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

- The practice was interested and started discussions to become a training practice and welcoming foundation doctors to join Ashcroft Surgery for up to four months. A foundation doctor (FY1 or FY2) is a grade of medical practitioner in the United Kingdom undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.
- Immediately after our inspection, we were sent information which included aspects of our initial feedback we provided at the end of the inspection. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found the provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not appropriately risk assessed their processes for medical emergencies. This was in breach of regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** We found the provider did not operate effective systems to ensure staff received appropriate support, professional development and appraisal. This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.