Goldington Road - Dr Das

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Goldington Road Surgery on 19 July 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events.
- Not all risks to patients were assessed and well managed, in particular those relating to fire safety and recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a number of policies and procedures to govern activity, but the business continuity plan was overdue a review.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Two members of staff had not received an appraisal in the 12 months prior to our inspection.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure a suitably qualified person conducts a fire risk assessment and that all required actions are completed in a timely manner. Undertake fire drills routinely.
- Ensure the newly developed recruitment policy is adhered to and that appropriate recruitment checks are performed for staff employed, including locums. All records relating to recruitment should be readily available for review.
- Systems and processes must be established and operated effectively for assessing and mitigating risks.

In addition the provider should:

- Develop a system to ensure all staff employed receive regular appraisals of their skills, abilities and development requirements.
- Undertake regular infection control audits.
- Implement the actions identified in the risk assessment relating to legionella.
- Undertake planned work to improve access for patients with limited mobility, through the provision of appropriate amenities.
- Develop systems to identify and support carers in their patient population.
- Continue to ensure that the business continuity plan in place for major incidents is accurate and reviewed when necessary.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 an effective system in place for reporting and recording significant events. Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation of events, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse. Historic records of recruitment checks on staff employed were not available. We saw that the practice had developed recruitment policies and protocols that would ensure appropriate checks were made and records kept for any future recruitment.
- The practice maintained effective working relationships with safeguarding partners such as health visitors.
- Risks to patients were not always assessed and well managed. The practice was unable to demonstrate that a fire risk assessment had been carried out. They did not have a fire alarm and had not undertaken fire drills to ascertain whether the use of whistles as an alert in case of fire were effective. Following our inspection we were told that the practice had undertaken a fire drill and developed a schedule for these to be conducted regularly. We were also provided with evidence that a fire risk assessment was scheduled for completion on 30 August 2016.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were largely comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Two members of staff had not received an appraisal and we were told of plans for them to be appraised within six weeks of

Summary of findings

our inspection. Staff we spoke to who had not received an appraisal told us they felt extremely well supported in the practice and that they could approach the GP partners if they had any learning needs.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice similar to others locally and nationally for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of patients identified as carers. They had identified 0.3% of their patient population as carers. We were told that the small practice population was well known by staff at the practice and that they were aware of and supported carers. The practice was aware of the need to ensure that carers were appropriately recorded on their computer system to enable them to be easily identified and supported.

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 Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services including minor surgery.
- The practice held multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- The practice offered a Walk-In clinic on Thursday mornings until 11.30am.
- The practice ran a designated sexual health clinic weekly. Patients not registered with the practice were also able to attend this clinic.

Are services well-led?

Inadequate

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

- The governance arrangements were not always effectively implemented.
- Not all staff had received regular appraisals and we were told of plans to appraise these staff within six weeks of our inspection.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions, for example in relation to COSHH (Chemicals or Substances Hazardous to Health). However, the practice was unable to demonstrate that risks associated with fire were adequately considered or well managed.
- 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. The patient participation group was active.

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 provider was rated as requires improvement for providing safe services and inadequate for well-led. The issues identified as requires improvement overall affected everyone using this practice, including this population group. There were however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported frail elderly patients in local nursing and residential homes.
- The practice provided influenza, pneumonia and shingles vaccinations.
- All patients over the age of 75 years had a named GP.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for providing safe services and inadequate for well-led. The issues identified as requires improvement overall affected everyone using this practice, including this population group. There were however, some examples of good practice.

- Performance for diabetes related indicators was comparable to the Bedfordshire Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months was 72%, where the CCG average was 76% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement 

The provider was rated as requires improvement for providing safe services and inadequate for well-led. The issues identified as requires improvement overall affected everyone using this practice, including this population group. There were however, some examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 81%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives and health visitors.
- Family planning and contraceptive advice was available.

Working age people (including those recently retired and students)

Requires improvement 

The provider was rated as requires improvement for providing safe services and inadequate for well-led. The issues identified as requires improvement overall affected everyone using this practice, including this population group. There were however, some examples of good practice.

- 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 practice provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Pre-bookable appointments were available on Thursday evenings until 8pm.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in May 2016. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflected the needs of this age group.

Summary of findings

- The practice ran a designated sexual health clinic weekly. Patients not registered with the practice were also able to attend this clinic.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for providing safe services and inadequate for well-led. The issues identified as requires improvement overall affected everyone using this practice, including this population group. There were however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held palliative care meetings involving district nurses, GP's and the local Willen Hospice nurses.
- 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.
- The practice had identified 0.3% of the practice list as carers.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for providing safe services and inadequate for well-led. The issues identified as requires improvement overall affected everyone using this practice, including this population group. There were however, some examples of good practice.

- Performance for mental health related indicators were comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 91% where the CCG average was 87% and the national average was 88%.
- The practice worked with other health care providers 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.

Summary of findings

- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 400 survey forms were distributed and 93 were returned. This represented 3% of the practice's patient list (a response rate of 23%).

- 94% of patients found it easy to get through to this practice by phone compared to the Bedfordshire Clinical Commissioning Group (CCG) average of 77% and national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Comments made referred to friendly, approachable and caring staff and patients praised the good standard of care they felt they received.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Goldington Road - Dr Das

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor.

Background to Goldington Road - Dr Das

Goldington Rd Surgery Dr Das provides a range of primary medical services, including minor surgical procedures from its location on Goldington Road in Bedford, on the town centre periphery.

The practice serves a population of approximately 3,000 patients with higher than average populations of males and females aged 0 to 14 and 25 to 44 years. There are lower than average populations of female patients aged 45 to 85 years and males aged 55 to 85 years. The practice population is of mixed ethnic origin, with high populations of Indian and Eastern European patients. National data indicates the area served is one of average deprivation in comparison to England as a whole.

The clinical team consists of two GP partners (one male and one female), a practice nurse and a health care assistant. The team is supported by a practice manager and a small team of administrative staff. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice operates from a two storey converted Victorian property and patient consultations and treatments take place on the ground level and first floor. There is a car park to the rear of the surgery with designated disabled parking available at the front of the building.

Goldington Rd Surgery Dr Das is open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments are available until 8pm on Thursdays.

The out of hours service is provided by BEDOC (Bedfordshire Doctors on Call) and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 July 2016. During our inspection we:

- Spoke with a range of staff including two GP partners, the practice nurse and practice manager.
- We spoke with patients who used the service.

Detailed findings

- Observed how staff interacted with patients.
- 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.

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 support, an explanation of events, an apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice also recorded deaths and new cancer diagnosis as significant events. We saw that significant events were discussed with staff to ensure that outcomes of investigations were shared encouraging learning and improvement. For example, following an incident with a sharps (needles) box, staff received additional training to ensure they were aware of how to correctly close, handle and manage sharps containers.
- Although the practice discussed significant events at regular meetings with staff they were not routinely recorded as an agenda item. We were told of plans to add significant events as a standing item on the agenda at monthly practice meetings to ensure that records of discussions were available for review and analysis.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that when a safety alert was received regarding possible contraindications for patients prescribed a medicine used for lowering blood pressure alongside a medicine used for treating chest pain, the practice performed a search for all patients taking the two medicines and appropriate action was taken to reduce the risk of adverse side effects in these patients.

Overview of safety systems and processes

The systems, processes and practices in place to keep people safe and safeguarded from abuse were lacking in some areas. For example:

- 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. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. However, we were concerned with the appearance of a trolley in the treatment room used for storing some medical consumables as there were several areas of rust that had developed. We were informed following our inspection that this trolley had been removed. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They were supported by the practice manager. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits had not been undertaken. However we saw evidence that prior to our inspection an infection control risk assessment had been completed and an action plan drawn up, which included the requirement to complete infection control audits as a matter of urgency. We saw evidence that other concerns identified in the infection control risk assessment had already been completed. For example, we saw that procedures for handling and

maintaining sharps boxes had been improved to ensure compliance with appropriate regulations. Following our inspection the practice submitted evidence to confirm that an infection control audit had been completed on 25 July 2016.

- 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 Milton Keynes CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The Health care assistant (HCAs) was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found evidence to demonstrate all appropriate recruitment checks had been undertaken prior to employment were not available for all staff. Proof of registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were available. However, proof of identification and evidence of references were not available for all staff. We were told that references and proof of identification had always been requested for new employees but that records had not been kept routinely. We saw evidence that a comprehensive recruitment policy and protocol had been developed in 2015, which incorporated the need to keep adequate records for staff employed. The GP partners assured us they intended to follow the new policy and procedure for any person recruited in the future. No new staff had been recruited between the time of the implementation of the recruitment policy in 2015 and our inspection.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There were some procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the staff reception area which identified local health and safety representatives.
- The practice had employed a third party to undertake a health and safety assessment in October 2012. A number of recommendations were made following this assessment and whilst some had been actioned, concerns relating to fire safety within the practice had not been actioned. Actions taken included changes to the storage of clinical waste as recommended and an inspection of the mains electricity supply, which resulted in complete rewiring of the building. We saw evidence that a health and safety risk assessment had also been conducted in July 2016 by the practice.
- Recommendation was made in October 2012 for the practice to undertake a fire risk assessment which it had not done at the time of our inspection. There was no fire alarm in the practice, however there were signs advising action to be taken in the event of a fire, including provision for a safe fire assembly point. Whistles were hung on the ground and first floor alongside these signs to be used as an alert in the event of a fire. The practice had not undertaken fire drills to assess whether the use of whistles as an alarm was effective. Although all staff had undergone fire training there were no appointed Fire Marshalls. We saw that fire extinguishers were available. However, upon reviewing records of maintenance, we saw that the practice was advised in January 2016 of the need to purchase additional fire extinguishers to be compliant with regulations. We were told that the practice had not purchased these extinguishers.
- Following our inspection, we were informed that a competent person was scheduled to undertake a fire risk assessment of the premises on the 30 August 2016 and that the practice would await the results of the risk assessment before deciding whether additional extinguishers were needed. We were also provided evidence that the practice had undertaken a fire drill and developed a schedule for these to be conducted regularly. A Fire Marshall had been appointed and additional training had been arranged for September 2016 to enable them to fulfil their role.
- A variety of other risk assessments were in place to monitor safety of the premises such as Control of Substances Hazardous to Health (COSHH), infection

control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been undertaken the week prior to our inspection. We were told that quotes for recommended remedial work to the sinks and water system were being received with the intention to carry out all recommended actions as a matter of urgency within three months of our inspection.

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment had been checked in July 2016 to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty. Staff informed us they provided additional cover if necessary during holidays and absences. We were also told that due to the small team size within the practice it was on occasion difficult to arrange cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. We noted on the day of our inspection that the plan was not up to date as some details were incorrect. However, immediately following our inspection the practice provided evidence of an updated business continuity plan.

Good

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.

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 97% of the total number of points available.

Data from 2014/2015 showed other QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was comparable to the Bedfordshire Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months was 72%, where the CCG average was 76% and the national average was 78%. Exception reporting for this indicator was 8% compared to a CCG average of 12% and national average of 12%. (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).

Performance for mental health related indicators was largely comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 91% where the CCG average was 87% and the national average was 88%. Exception reporting for this indicator was 8% compared to a CCG average of 15% and national average of 13%.

The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 100% which was comparable to the CCG average of 91% and national average of 90%. Exception reporting for this indicator was 0% compared to a CCG average of 12% and national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, an audit of emergency admissions highlighted four patients who appeared to have attended the A&E department inappropriately. We saw that each of these patients were reviewed and contacted appropriately.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit included a change to practice policy ensuring that where possible patients discussed one medical concern per ten minute appointment. As a result the practice noted improvements to patient waiting times when re-auditing.
- We saw evidence of collaborative working with the Bedfordshire CCG to perform regular audits in an effort to reduce antibiotic prescribing. We saw evidence that the practice had successfully maintained low antibiotic prescribing rates for the five years preceding our inspection.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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

Good

Are services effective?

(for example, treatment is effective)

example we saw that 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.

- 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.
- We noted that not all staff had received an appraisal in the last 12 months. Staff we spoke with who had not received an appraisal told us they felt extremely well supported in the practice and that they could approach the GP partners if they had any learning needs. We were told of plans to appraise the two outstanding members of staff within six weeks of our inspection.
- We noted that the practice closed once a month to provide protected learning time for staff.
- 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 a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital.
- The practice held regular multi-disciplinary team (MDT) meetings to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, Willen Hospice nurses and local support services. A list of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. At the time of our inspection three patients were receiving this care.
- The practice held regular safeguarding meetings, attended by GPs, the practice nurse and health visitor. Records were kept of discussions and action taken in relation to children at risk. Information from other agencies involved in safeguarding was also shared during these meetings.

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.
- Written consent forms were used for specific procedures as appropriate.

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. Patients were signposted to the relevant service.
- The health care assistant was trained to provide smoking cessation advice to patients with the option to refer patients to local support groups if preferred.

Good

Are services effective?

(for example, treatment is effective)

- GPs supported patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). We saw that reviews for these patients were available throughout the week, at times convenient for patients rather than in set clinics.
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- All patients over 75 had a named GP.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average and national averages of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and information for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

- 53% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 60% and the national average was 58%.
- 58% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and the national average was 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% and five year olds from 87% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients over 75 years old and NHS health checks for patients aged 40–74 years. At the time of our inspection for the period January 2012 to July 2016 the practice had completed 397 of 599 (66%) eligible health checks for people aged 40 to 74 years. 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 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- All staff were multi lingual and would speak to patients in their preferred language where possible.
- Information leaflets were available in different languages and in easy read format.

Good

Are services caring?

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. The practice computer system identified nine patients as carers (0.3% of the practice list). The GP partners informed us that they had struggled to understand some of the computer coding on their IT system. They informed us that they had a small patient population and were familiar with the majority of their patients. This in turn meant that they knew and recognised the carers within their population and offered them support as needed. We were told that the practice intended to correctly code patients as carers in the future. There was a carer's board in the waiting room with written information 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. 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.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had been asked to share its prescribing practices with other practices in the locality to reduce prescribing figures across the region. The practice also the practice offered a range of enhanced services including minor surgery.

- The practice offered a Walk-In clinic on Thursday mornings until 11.30am.
- Late appointments were available until 8pm on Thursdays with GPs.
- Telephone consultations were available for patients unable to attend the practice for appointments.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice provided a weekly sexual health clinic. Patients not already registered with the practice could also attend this clinic.
- There was disabled access to the practice through the rear of the practice and we were told of plans to improve disabled facilities within the practice to incorporate a disabled toilet.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in May 2016. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments were available until 8pm on Thursdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Appointments could be arranged in person, over the telephone or on line. In an effort to reduce the number of failed appointments the practice sent SMS text message reminders to patients.

The out of hours service was provided by BEDOC (Bedfordshire Doctors on Call) and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

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

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in the waiting room and reception area.

We looked at one complaint received in the last 12 months and found it had been dealt with in an open and timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, when a patient complained about the attitude of staff we saw evidence that the complaint was investigated, the staff concerned were reminded of practice protocol and the patient was sent a written apology.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a statement of purpose which reflected the vision and values. All of the staff we spoke with were aware of the practice's vision or statement of purpose. However some of our findings indicated that this was not always evident.

Governance arrangements

The governance arrangements were not always effectively implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice computer system. We looked at a sample of policies and found them to be available and up to date, with the exception of the business continuity plan.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions, for example in relation to COSHH (Chemicals or Substances Hazardous to Health).
- However, the practice had failed to develop robust and effective systems and processes for assessing and mitigating risks. For example, the practice was unable to demonstrate that a fire risk assessment had been carried out despite recommendations by a health and safety advisor in October 2012.
- Recruitment systems and processes including retention of recruitment records were found to be lacking to ensure good governance.

Leadership and culture

The GP partners told us they prioritised high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen and respond 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 patients support, an explanation of events and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw discussions were recorded in minutes of meetings held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues or concerns at team meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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). The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had recommended displaying failed appointment rates in the patient waiting room in an effort to improve attendance. We were told that the practice had noted a gradual reduction in the number of failed appointments since undertaking this recommendation.

Are services well-led?

Inadequate

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

- They had gathered feedback from complaints received and by carrying out analysis of the results from the Friends and Family Test, the national GP patient survey as well as feedback left on the NHS Choices website.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they had the opportunity to give feedback and discuss any concerns or issues with colleagues and management. We noted that two members of staff had not received an appraisal and we were told of plans to ensure they were appraised within six weeks of our inspection.

Continuous improvement

There was evidence of continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received. The practice also maintained a continuous programme of audit to monitor quality and make improvements where needed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider 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 failed to identify the risks associated with fire and had not undertaken a risk assessment. They did not conduct regular fire drills to ascertain whether arrangements for managing fire were effective. The provider had failed to conduct regular infection control audits. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found that the provider had failed to develop robust and effective systems and processes for assessing and mitigating risks. In addition, the provider had not responded to identified risks. In particular actions required in relation to fire safety had not been actioned. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The provider did not maintain records as necessary in relation to persons employed.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.