

Bedford House Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the practice of Bedford House Medical Centre on 16 November 2016. Overall the practice is rated as good.

The practice had been previously inspected on 8 April 2015. Following that inspection the practice was rated as requires improvement with the following domain ratings:

Safe – Requires Improvement

Effective – Requires improvement

Caring – Good

Responsive – Good

Well led – Requires improvement.

The practice provided us with an action plan detailing how they were going to make the required improvements.

The inspection on 16 November 2016 was to confirm the required actions had been completed and award a new rating if appropriate.

Following this re-inspection on 16 November 2016, our key findings across all the areas we inspected were as follows:

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed patient outcomes were mixed compared to those locally and nationally.
- Feedback from patients about their care was strongly positive,

Summary of findings

- Patients said they were in the main treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- Patient's views were mixed when asked how easy it was to make an appointment including availability of same day appointments. The practice in response to patient feedback had introduced a new triage system as a means of improving access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were mixed when compared to the average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed a strong patient-centred culture
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Data showed that patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.
- Patients could access appointments and services in a way and at a time that suited them.
- Telephone consultations were readily available and home visits, including the phlebotomy service provided to house bound patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- There was a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

The practice had a higher than average percentage of patients over 75, for example 64% of patients are between the age of 75 and 84, this was compared to 4.7% CCG average.

- 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 approximately 80 patients living in residential or nursing care homes. The practice takes the lead for the care of patients within two homes locally.
- The practice actively followed up all patients over 75 years of age on discharge from hospital to identify if any further care was required.
- The practice embraced the Gold Standards Framework for end of life care and the whole practice team were involved in going for gold training to improve care provided to patients and their families. This included supporting patients' choice to receive end of life care at home.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Where appropriate, patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For patients with complex needs, a named GP and practice nurse worked with relevant community and healthcare professionals to deliver multidisciplinary support and care. Multidisciplinary meetings were held to review patients' needs and to avoid hospital admissions.

Good



Summary of findings

- Patients with COPD and asthma had self-management plans and those with chronic conditions were provided with care plans.
- Patients who were diagnosed with a long term conditions such as diabetes were directed to a structured education programme.

Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- Appointments were available Monday to Friday 9am to 10am (pre bookable), 11am to 12pm (on the day appointments) and 2 pm to 5:30 pm which was a combination of pre bookable and on the day urgent appointments. Telephone consultations were also available for those unable to attend the practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients were monitored as part of clinical meetings and multidisciplinary meetings and where required referrals were made to other health and social care providers.
- The practice was aware of those patients who required an interpreter and alerts were placed within patients' notes to enable staff to pre book interpreters and arrange longer appointments. The practice also used a translation telephone service for urgent appointments and new patients.
- Vulnerable patients were identifiable with alerts noted on the secure computer system to ensure staff were alerted to needs.
- The practice was proactive in monitoring those patients identified as vulnerable or at risk. This included, monitoring A&E attendances, monitoring missed appointments from those known to be vulnerable and working with other services to ensure, where appropriate, information was shared to keep patients safe.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice were a collection point for a local foodbank, one of the PPG members collected on a monthly basis and delivered to a local foodbank. The practice were also proactive in referring patients to the local foodbank should they be in need.

People experiencing poor mental health (including people with dementia)

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

- 69.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. can you include the comparison data as well
- 77.8% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate. As above.

Good



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.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had mixed results compared to the local and national averages. There were 114 responses and a response rate of 43%, representing 1.6% of the practice population.

- 81% found it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 75% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.

- 68% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 59% described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 69% would recommend this surgery to someone new to the area compared with a CCG average of 75% and a national average of 78%

The 12 patients we spoke with were complimentary of the staff, care and treatment they received. However there were mixed views about the changes to the appointment system.

Bedford House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and an expert by experience.

Background to Bedford House Medical Centre

Bedford House Medical Centre provides primary medical services in Ashton Under Lyne from Monday to Friday. The practice is open 8am to 6pm Monday to Friday and appointments with a GP at Bedford House Medical Centre available Monday to Friday 9am to 10am (pre bookable), 11am to 12pm (on the day appointments) and 2 pm to 5:30 pm which is a combination of pre bookable and on the day urgent appointments.

The practice is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Bedford House Medical Centre is responsible for providing care to 7197 patients.

The practice consists of three GP partners (two of whom are new to the practice following the retirement of a senior Partner) and two salaried GPs, three part time practice

nurses, health care assistants a pharmacist and medicines management technician. The practice is supported by a practice manager, receptionists and secretaries. The practice is also a teaching practice with regular medical students. At the time of the inspection there were two trainees within the practice.

When the practice is closed patients are directed to the out of hours service by calling 111.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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

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?

Detailed findings

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

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

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 16 November 2016. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with 12 patients and eight members of staff, including GPs, a practice nurse, pharmacist, practice manager and reception staff.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and presented at practice meetings, following which, action plans were implemented. We noted significant events were reviewed to ensure actions implemented were effective.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a named GP lead for safeguarding adults and children. The lead attended local safeguarding meetings and attended where and when possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- The practice had a 'Did not attend' (DNA) policy and procedure in place to ensure any children or vulnerable adults who did not attend appointments including hospital and out patients appointments were followed up.
- A notice was displayed in the waiting room advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role,

and had received a disclosure and barring check (DBS). (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).

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available. The practice carried out regular risk assessments including fire risk assessments. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been completed by the practice nurse and regular checks were carried out on a daily and weekly basis.
- The arrangements for managing medicines, including emergency drugs and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the medicines management technician and pharmacists, both of whom worked within the practice, to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. We were provided with a wide range of examples where in conjunction with patients the practice had made improvements to prescribing for example, prescribing of hypnotic medication such as benzodiazepine. We noted from data provided by the practice they had reduced prescribing by over 25% and continue to work with patients to reduce this even further. Prescribing is monitored on a monthly basis by the medicines management technicians and discussed during monthly meetings.
- Prescription pads were securely stored.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had not recruited any new staff since our last inspection in April 2015, however we noted the recruitment and selection policy and procedure was in line with good practice.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recently recruited two new partners and continued to support the professional development of staff in house with health care assistants being supported to become assistant practitioners and reception staff supported to train as health care assistants. This enable the practice to continue to meet the growing demand placed on them by patients and an increasing elderly population.

Arrangements to deal with 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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and discussion during practice meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 87.8% of the total number of points available, with 4.2% exception reporting (3.7% below the CCG average). This practice was not an outlier for any QOF (or other national) clinical targets and were in line with or below the national average in a number of clinical outcomes. Data from 2015/16 showed;

- Performance for diabetes related indicators were comparable to the CCG and national average at 79.8%. (9.7% below the CCG average and 10.1% below the England average.)
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average at 100% (1.5% above the CCG average and 2.7% above the England average.)
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG and national average at 84.5% (11.2% below the CCG average, and 11.4% below the England average.)
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were in line with the CCG and national average at 98.2% (0.2% below the CCG average, and 0.8% below the England average.)

The practice were aware of their low exception reporting and lower than average outcomes. This was one area the new partners were looking to review and make improvements where required.

Clinical audits demonstrated quality improvement.

- There had been a wide range of full cycle and single cycle clinical and non-clinical audits completed in the last two years. We were provided with several examples of completed audits for example, minor surgery audit, learning disability audit, an audit into urgent GP appointment system. We also saw audits relating to cervical screening audit and practice protocols of the management of vitamin B12 deficiency. All of which should improve outcomes and changes in practice as a result of the audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during clinical sessions, one-to-one meetings, appraisals, facilitation and support for the revalidation of doctors and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training.
- The practice embraced staff development, for example, the health care assistants were trained in house and were now embarking on assistant practitioner training

Are services effective?

(for example, treatment is effective)

with a local college. The pharmacist who is part of the CCG team was being supported to complete their prescribing training and the practice welcomed and supported GP trainees and medical students.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked closely with the Integrated Neighbourhood Team to provide care and treatment to patients in the community.
- The practice worked closely with a number of community services and wherever possible enabled external providers such as health trainers to provide services in house for patients to access.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and were minuted. We noted these were routinely attended by district nurses, health visitors and Macmillan nurse.
- The practice alongside other practice within the area supported patients living in Women's refuge and patients living in a half way house for men.

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.
- The GPs were fully aware of their responsibilities in relation to patients who had Deprivation of Liberty Safeguards (DoLS) in place.

- Clinical staff had undertaken training in relation to the MCA 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 patients' mental capacity to consent to care or treatment was unclear GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet and smoking and alcohol cessation.

We noted a number of examples of how the practice worked with patients to lead healthier lifestyles. The practice also proactively referred patients to health trainers.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 81.7% which was in line with the national average of 81.4%. The practice were aware of the lower than average uptake and one of the practice nurses had been tasked with contacting patients to improve patients accessing cervical screening.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with the CCG averages. For example, NHS England figures showed in 2015 84% of children aged 5 years had received the full measles, mumps and rubella (MMR) vaccination in line with the CCG average of 84%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, annual health checks for carers and NHS health checks for patients aged 40–74. Appropriate follow-up for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We saw a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Screens 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. We noted however there was no notice alerting patients of private space should they want to request this.

The 12 patients spoken to, in the main highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice scores on consultations with doctors and nurses were comparable with national and CCG scores. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 90% 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%.

- 97% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

The practice was a collection point for a local foodbank, one of the PPG members collected this on a monthly basis. The practice was also proactive in referring patients to the local foodbank should they be in need.

Care planning and involvement in decisions about care and treatment

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

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be booked if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission.

Patient and carer support to cope emotionally with care and treatment

Notices in the patients' waiting room advised patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of patients who were carers. We noted 134 patients were carers which represented 1.9% of patients. Written information and a dedicated display board were available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, arrangements were made for a bereavement visit or consultation with the GP involved in the patients care. Information was also available in the waiting area guiding patients to local bereavement support.

The whole practice team were embarking on Going for Gold training to ensure patients at the end of life and their families were provided with the best possible coordinated care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Patients' individual needs and preferences were central in providing services which were flexible and gave patients choice. The practice involved other organisations and patients in their planning to meet needs. We saw a range of approaches to providing integrated person-centred care. For example:

- The practice participated in a local extended hours hub scheme in which patients could access booked appointments with a GP or nurse on weekdays until 8pm and Saturday mornings.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. On the day appointments were triaged by a GP and where required, patients would be provided with a same day appointment.
- There were longer appointments available for patients with a learning disability or those who required them.
- Home visits were readily available for older patients and patients who would benefit from these, this included visits from GPs and nurses.
- The practice had a text message service for patients which included reminders for annual reviews and flu vaccinations.
- There were facilities for people with disabilities and translation services available. Patients requiring a translator were provided with extended appointments.
- The practice offered in-house weekly anti-coagulant clinics for patients.
- Practice nurses were able to provide Insulin initiation/titration for patients and offered where appropriate telephone consultations with patients treated with insulin and make adjustments to reduce the need for patients to attend the Surgery.
- Patients were able to receive travel vaccinations which were available on the NHS and patients were referred to other clinics for vaccines only available privately.

Access to the service

Appointments with a GP at Bedford House Medical Centre were available Monday to Friday 9am to 10am (pre bookable), 11am to 12pm (on the day appointments) and 2 pm to 5:30 pm which was a combination of pre bookable and on the day urgent appointments.

The practice also participated in a local extended hours hub scheme in which patients could access booked appointments with a GP or nurse on weekdays until 8pm and Saturday mornings.

The practice regularly monitored the demand on the service and the number of appointments available. The appointment system had evolved following feedback from patients and from April 2016 they introduced a triage system. Early evaluations showed the new system was in the main popular with patients and staff. The practice planned to continue to audit the new appointment system over a 12 month period before making a final decision as to the effectiveness of the triage process for on the day appointments.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was mixed compared to the local and national averages. For example the GP survey results showed:

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 81% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 68% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 79% of patients describe their overall experience of this surgery as good compared to the CCG average of 83% and national average of 85%.

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.

This was achieved by the GP triage, in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be

Are services responsive to people's needs?

(for example, to feedback?)

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

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at an overall summary of complaints received and two examples of formal complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice reviewed complaints to identify any patterns or trends during clinical meetings and learning shared with all staff where appropriate.

Are services well-led?

Good 

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

Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Their statement of purpose which was available on the practice website included for example:

1. To provide the best possible quality service for our patients within a confidential and safe environment by working together.
2. To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem.
3. To involve our patients in decisions regarding their treatment.

Speaking with staff and observations on the day of the inspection we saw staff understood the practice vision and values and demonstrated how they incorporated these values in their work.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The new partners were met regularly to identify priorities and future developments within the practice.
- The practice had staff in lead roles and teams to support them to achieve good patient outcomes.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The partners met regularly with staff and were reviewing performance and looking at ways to make improvements
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs, with support from the practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and these had increased in frequency to allow open discussion on future developments within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners. All staff were involved in discussions about how to run and develop the practice, and the GPs and managers 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) and

Are services well-led?

Good 

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

through surveys and complaints received. The PPG met regularly, and worked with the practice management team to identify good practice and identify ways in which patients experience could be improved.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked in partnership with other local services to improve outcomes for patients in the area. The practice embraced learning and professional development and used audits effectively to monitor and improve outcomes for patients.