

Putnoe Medical Centre Partnership

Quality Report

Putnoe Medical Centre

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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 Putnoe Medical Centre Partnership on 18 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- The practice had been involved in developing clinical templates for patient care which had been shared across the CCG.
- Feedback from patients about their care was generally positive, with 90% of patients stating they had confidence and trust in the last GP they saw.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 actively reviewed complaints and how they are managed and responded to, and made improvements to services as a result.
- The practice had a clear vision which had the safe delivery of high quality services to patients as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements.

There were areas of practice where the provider should make improvements:

- The system for recording medical alerts should ensure all actions are recorded centrally.
- A complete log of drugs stored on the emergency trolley should be maintained and monitored.
- Staff should be advised when the practice amends the business continuity plan.
- Continue to encourage patients to attend cancer screening programmes.
- The prescription management policy should include a process to deal with uncollected prescriptions and safe storage of prescription stationery.
- The practice should continue efforts to identify and engage with those patients who are carers.

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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice had a comprehensive system to review and take action in relation to medical alerts. However, there was not a record of all actions taken in relation to alerts.
- 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 appropriate support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The policy outlining how to deal with prescription management did not include a process for uncollected prescriptions and safe storage of prescription stationery.
- 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.
- The practice has a business continuity plan in place for major incidents, however, when assessed the plan had not been updated and agreed amendments had not been formally recorded

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average or comparable with local and national average. For example, the number of patients with

Summary of findings

diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 87%. This compared well to the local CCG average of 82% and the national average of 80%.

- 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.
- There was evidence of appraisals and personal development plans for all staff.
- Practice staff had been involved in the development of IT templates which had been shared with other practices in the locality by the local CCG.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients about their care and treatment was consistently positive.
- 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.
- Views of external stakeholders were positive and aligned with our findings.
- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than local and national averages for most aspects of care. For example 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 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.
- The practice had identified 85 patients who were carers; approximately 0.7% of the total practice list. The practice were aware of the low numbers and were working towards identification of additional carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients can access appointments and services in a way and at a time that suits them, with appointments available from 8.30am until 6.30pm. The GP Patient Survey results from July 2016 identified that 74% 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 the national average of 76%.
- The practice had good facilities and was well equipped to treat patients and meet their needs including those with a disability and families with children.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk. However, the practice should consider the benefits of producing a business plan, to assist with strategic management and practice development.
- The provider was aware of and complied with the requirements of the duty of candour. The GP 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 and shared learning took place.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a clear focus on continuous learning and improvement at all levels.
- There was a high level of engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients, and it had a patient participation group which influenced practice development.

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 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 for patients unable to travel and urgent appointments for those with enhanced needs.
- At the time of our inspection, the practice had 83 patients who were living in 17 care homes across the area. GPs undertook weekly visits to one home where 23 patients resided. Residents in other care homes were provided with the services as they were required.
- All of these patients are offered an annual review of their care needs.
- A coffee morning had been established to enable elderly patients and local residents to combat loneliness and social exclusion.

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.
- 97% of the patients on the diabetes register had been referred to a structured education programme in the preceding 12 months (1 April 2015 to 31 March 2016) compared to local CCG average of 93% and national average of 92%.
- Effective arrangements were in place to ensure patients with long term conditions including diabetes, were regularly invited for a review of their condition.
- 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 the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- The practice held a Gold Standard Framework (GSF) palliative care register, where all patients have a named GP. Patients were discussed with other health care professionals, including Macmillan and community nurses at monthly meetings.

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 comparable to local and national averages for 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.
- 74% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, was in line with the local CCG average of 76% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Clinics were provided on site for children's services, including health visitor, speech therapist and post-natal well-being for mothers.

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.
- Data showed 58% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 59% locally and 58% nationally.
- Data showed 57% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 74% locally and 72% nationally.

Good



Summary of findings

- 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.
- Appointments had been made available during lunchtimes, for those patients not able to attend at other times during normal working hours. Telephone consultations were also available.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- A dedicated patient support team was able to arrange transport for patients with mobility concerns.
- The practice acted as a food bank voucher issuing centre for those patients considered to be at most risk.
- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients (0.7% of the total practice list) as carers and 238 patients (approximately 2%) identified as being cared for.
- The practice worked closely with the Bedfordshire Carers Group, for example the group recently attended a 'patient open evening' to provide information of support available

Good



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).

Good



Summary of findings

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which matched the local average and was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- 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.
- Clinics were available on site with a nurse trained in supporting Parkinsons Disease.
- Staff had received dementia friends training and demonstrated 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 results showed the practice was performing in line with local and national averages. 255 survey forms were distributed and 113 were returned. This was a 44% response rate and represented approximately 1% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 74% 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 the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 79% 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 the 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 36 completed comment cards which were all positive about the standard of care received. Two of the cards, whilst containing positive feedback also included comments about difficulty accessing appointments and treatment. However, the majority of the cards identified an excellent service delivered by polite and helpful staff. We also received feedback via letters written by patients which were left at the practice for our attention.

We spoke with six patients and members of the Patient Participation Group during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We saw that the practice routinely sought to respond to patients feedback on the NHS Choices website. The Family and Friends Test indicated that, from 20 responses, 19 responses (95%) indicated that patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The system for recording medical alerts should ensure all actions are recorded centrally.
- A complete log of drugs stored on the emergency trolley should be maintained and monitored.
- The business continuity plan should be kept up-to-date.
- Continue to encourage patients to attend cancer screening programmes.
- The prescription management policy should include a process to deal with uncollected prescriptions and safe storage of prescription stationery.
- The practice should continue efforts to identify and engage with those patients who are carers.
- Consider the benefits of producing a business plan, to assist with strategic management and practice development.

Putnoe Medical Centre Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a GP specialist adviser, a CQC Inspection Team Manager and was led by a CQC Inspector.

Background to Putnoe Medical Centre Partnership

Putnoe Medical Centre is part of the NHS England and Bedfordshire Clinical Commissioning Group (CCG).

The practice is registered with the CQC to provide the following activities:

- Diagnostic and screening procedures,
- Treatment of disease, disorder or injury,
- Maternity and midwifery services,
- Surgical procedures,
- Family planning.

The current contract for providing GP services was awarded to the Putnoe Medical Centre Partnership in 2008. The provider also delivers the services of a Walk in Centre, which opened in 2009 and is available to all NHS patients who require urgent medical attention for minor illness or injury.

All services are provided from one registered location at Putnoe Medical Centre, Putnoe, Bedford, Bedfordshire, MK41 9JE.

Services are provided under the auspices of an Alternative Provider Medical Services (APMS) contract (an APMS is a contract agreed locally with NHS England under negotiated contracts.)

The building has good facilities for patients, including access arrangements, with graduated walking ramps and automatic doors to the main entrance, easy access toilets and baby changing facilities.

The ground floor reception and waiting areas are bright and open plan. The reception area is equipped with an electronic patient arrival registration screen and a hearing loop for the hard of hearing. Consultation and treatments rooms are located mainly on the ground floor, a lift is available to the first floor if required. Administration and management offices, a staff rest room and meeting rooms are also provided on the first floor.

Putnoe Medical Centre is located on the northern side of Bedford and provides GP services to an area that includes outlying villages and urban areas. There are public transport links available, with footpaths and cycle paths linking the practice to surrounding housing and major roads to the town centre. Car parking is available on site and in adjacent roads.

According to national data the area falls in the 'fifth least deprived decile' and is one of average deprivation. Average life expectancy for people living in the area is the same as the local CCG average and one year higher than national averages. Male life expectancy at 80 years compared to the national average 79 years. Female life expectancy for the area was 84 years, while the national average 83 years.

Detailed findings

The practice has approximately 12,000 registered patients, with the age profile of the patient group broadly following the England average.

The practice has six GP partners (five male and one female) and employs three (female) salaried GPs. There are four minor illness nurses, seven (part-time) practice nurses, one health care assistant and one phlebotomist. Putnoe Medical Centre is accredited as a training practice, and at the time of inspection had one male GP registrar in training in post. (A GP registrar is a doctor in training.)

Administration and management is provided by the Quality Manager, who is also a partner at the practice, a practice manager and a team of secretaries, administrators and reception staff, who form a Patient Services Team.

The GP practice reception is open from 8am to 7pm every day Monday to Friday and from 8am to 2pm on Saturdays. Appointments are available from 8.30am to 6.30pm Monday to Friday and from 10am to 11am on Saturdays.

Appointments can be booked up to four weeks in advance, with urgent and emergency appointments available on the same day. For the urgent appointments patients are advised consultations may be with the duty doctor rather than their preferred, or usual, GP.

Out-of-Hours emergency services are provided by Bedford on Call (BEDOC). This service is staffed by local Bedford based GPs and is available from 6.30pm to 8.00am 7 days a week.

Information about the provision of services was available on the practice website, via leaflets and posters on display within the practice and by recorded message on the practice telephone system.

Telephone calls made to the practice during the out-of-hours period are automatically redirected to the Out-of-Hours service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, senior managers, nurses and members of the patient services team. We also spoke with patients who used the service.
- 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).

Detailed findings

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed Medicines and Healthcare products Regulatory Agency (MHRA) alerts, safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice undertook a review of registered female patients of childbearing age who were prescribed the medication valproate. This was following an MHRA safety alert received in 2015. A search revealed seven patients who could be at risk, and the practice arranged to either review the patients at the surgery, or refer the patients back to hospital specialists to consider alternative medication.

However, we also saw that the practice had recently stopped recording the receipt of alerts and any actions taken. This meant that the centrally held record of activity was incomplete and checking for updated action was more difficult. When this was highlighted the practice agreed to reinstate the central activity log immediately.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had GPs with lead responsibility for adult and childrens' 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. The practice had named GPs with lead responsibility for child and adult safeguarding. Up-to-date safeguarding information was maintained and displayed in treatment and consultation rooms. GPs were trained to the appropriate level to manage safeguarding children (level three) and adults, and we found that all other staff were also trained to an appropriate level. Annual refresher training was delivered at role appropriate levels.
- Notices displayed in the waiting area and in clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead, who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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

Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local 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. However, the practice did not routinely remove unused blank prescriptions from printers overnight and there was no clear process to deal with un-collected prescriptions.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with information posters on display, which identified local health and safety representatives.
- The practice had up-to-date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty to deliver services to patients.
- The practice had also introduced the concept of a Patient Support Team into the administrative and reception areas of the service. This meant that non-clinical staff worked more closely as an integrated team and had undertaken training across each of the different roles. This provided all of the staff with a better understanding of the work and ensured the practice had suitably trained and motivated staff to cover during holiday or other absences and at peak times of business.

Arrangements to deal with emergencies and major incidents

The practice had 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 had 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. A record of the medicines stored on the emergency trolley may be beneficial.

- 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. We saw that the business plan had been tested following a power failure at the site. However, we also noted that in the review and assessment of the effectiveness of the plan, updates or amendments were not formally recorded or reported to the partners or senior management.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results show the practice achieved 98% of the total number of points available compared with the local CCG average of 96% and the national average of 95%.

The practice achieved this result with an overall level of 7% exception reporting which was higher than local average of 5% and national average of 6%. (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). However we were satisfied that exceptions recorded were in line with with appropriate medical considerations.

Data from 2015/2016 showed:

Performance for diabetes related indicators was above both local and national averages as follows:

- The practice scored 93% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2015 to 31 March 2016. This was comparable to the local CCG and the national

average of 95%. The exception reporting rate for the practice was 17%, compared to the CCG average exception reporting rate of 18% and national average of 20%.

- Another performance measures identified the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 87%. This compared well to the local CCG average of 82% and the national average of 80%. The exception reporting rate for the practice was 11%, compared to the CCG and national exception reporting rate of 13%.

The practice had provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.

When comparing performance for mental health related indicators the practice was again comparable to local and national averages in a range of outcomes within the individual measures. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2015 to 31 March 2016) was 89%. The CCG average was 91% and the national average 89%. The exception reporting rate for the practice was 24%, compared to the CCG average exception reporting rate of 14% and national average of 10%.
- For another indicator, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91%, while the CCG and national average was 89%. The exception reporting rate for the practice was 31%, compared to the CCG average exception reporting rate of 15% and national average of 13%.

For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns. Staff at the practice had been provided with Dementia Friends awareness training.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There were approximately six clinical audits presented on the day of the inspection and these had been undertaken in the last two years. One of which was a completed two cycle audit.
- We saw evidence of an audit looking at the risk of ketoacidosis, which is a rare side effect of a class of drugs used in the treatment of diabetes (SGLT2 inhibitors). Symptoms of ketoacidosis (DKA) are subtle but dangerous so it is recommended that patients on this drug will have been warned about this.
- In December 2015 a search was run on SystmOne looking for patients on these drugs. Only seven patients were found as this drug as they had only recently been licensed for use in NIDDM. Of these seven patients only one had been initiated in general practice, the rest by secondary care. All seven patients were contacted by telephone to check if patients were aware of DKA, and if explained by the clinician during initiation. Only one patient was found to be aware, and this had been initiated by a private consultant.
- In August 2016 the audit was rerun. This time 10 patients were identified, seven who were found in the first audit and three new patients initiated by the practice. Of the three new patients all had been advised in line with guidance and had been appropriately managed. This was a successful 2 cycle audit leading to improved clinical management, with a further plan to re-audit in 2 years.

Further audits looked at annual repeated infection control audits last run in December 2015, an audit of cervical smears in September 2015, a dementia audit in 2014, and an audit of suspected cancer cases in 2015. There were plans in place to complete audits where clinically possible.

- The practice told us that the practice staff had been involved in developing templates for use in the monitoring and management of patients with long term conditions. Furthermore, the practice told us that after sharing the developments with Bedfordshire CCG the templates had been shared across other practices for use in this area.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice supported the attendance of staff at regular 'protected learning time' events, including those provided by the local CCG.

Coordinating patient care and information sharing

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

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

Are services effective?

(for example, treatment is effective)

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

The practice had introduced a GP 'buddy' system where GPs reviewed referrals and supported each other in decision making in relation to referrals to hospitals.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

These included patients considered to be in the last 12 months of their lives, carers, people that were homeless, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.

The practice held a Gold Standard Framework (GSF) palliative care register, where all patients have a named GP. Patients were discussed with other health care professionals, including Macmillan and community nurses at monthly meetings.

The practice provided routine and specific advice on the following:

- Healthy eating and regular exercise
- Smoking and alcohol consumption
- Coronary heart disease and cancers
- Hearing advisory service
- Physiotherapy self-referral
- Mental health, sexual health and drug and alcohol misuse

For example, smoking cessation advice was provided by the nursing team. The practice also provided the use of a room for use by counselling services.

The practice has systems in place to invite patients to attend for routine health checks and new patients received a review on registration. The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending reminders to patients who had not responded to the initial invitation. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates were broadly comparable with local CCG and national averages. For example:

- Data published in March 2015 showed 58% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 59% locally and 58% nationally.

However, the levels for breast cancer screening were lower than CCG and national averages;

- Data showed 57% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 74% locally and 72% nationally.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

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

Childhood immunisation rates for the vaccinations given were comparable to both the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 91% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40 - 74 years of age. For example, 110 patients had been invited for health checks and 54 had been delivered, with appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 36 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. Some cards identified individual staff members by name as providing exceptional care. Two of the cards did highlight concerns relating to access to appointments and treatment, but these cards also included some positive feedback. Patients highlighted that staff responded compassionately when they needed help and provided support when required. We also received letters from patients who wished to share with us more detailed examples of the care and support demonstrated by staff at the practice in providing exceptionally thoughtful and caring treatment.

We spoke with six patients who were also members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

For example:

- 89% 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%.

- 86% of patients said the GP gave them enough time, which was the same as the CCG average of 86%, whilst the national average was 87%.
- 98% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern, which was the same as the CCG average of 84% and the national average of 85%.
- 96% 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 the national average of 91%.
- 93% 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. Outcomes were broadly in line with local and national averages, with some higher and others lower than averages. For example;

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Are services caring?

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.
- The practice also made arrangements for the provision of signers for patients who were deaf.
- Information leaflets were available in easy read format.

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 had identified 85 patients as carers, under 1% of the practice list, and 238 patients had been identified as being cared for. Written information was available to direct carers to avenues of support available to them. We saw that the Bedfordshire Carers Association had attended a patient open evening at the practice to provide information and raise awareness about the support and services available. The local Carers Association had also assisted the practice in reviewing and adapting its carers' policy.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- 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.
- A duty GP managed urgent telephone consultations.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A lift was available for patients to use for access to the first floor consultation and treatment rooms.

We saw that initiatives to improve the patient experience at the practice included following;

- The introduction and roll-out of a regular patient 'open evenings' at the practice, one of which coincided with the delivery of a flu clinic.
- Increased access to online booking for phlebotomy appointments.
- Changes to information and speed of display on television screens.
- Improved signage, provision of music and high-back chairs in the waiting room.
- Telephone lines to remain operational over the lunch period.

The practice told us that they had also made improvements to the telephone system and had completed a programme of redecoration and minor refurbishment work throughout the premises as a result of patient feedback.

Access to the service

The practice is open from 8am to 7pm every day Monday to Friday, with appointments available from 8.30am to 6.30pm. Additional appointments available from 10am to 11am on Saturdays.

In addition to pre-bookable appointments were available up to six weeks in advance, urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than both local and national averages.

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Patients we spoke with on the day of inspection told us 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.

The practice told us that they had installed an automated information and queuing system on the telephone network to improve the patient experience. This was in response to feedback from the patient participation group (PPG) and local survey outcomes. The practice told us that they continued to review telephone access into the practice and anticipated an improvement in these results once the new telephone system had been in operation for a longer period. Patients we spoke to on the day of the inspection told us they were able to get appointments when they needed them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- 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. Leaflets and posters were available in the waiting area and information was available on the practice website

We looked at three complaints received in the last 12 months and found all of these had been dealt with in a

timely way. The practice shared their complaints data with the management team at partner level. Lessons learnt from concerns and complaints were shared across the practice as appropriate to improve the quality of care. For example, in response to concerns about telephone access to the practice and booking appointments, the practice had made significant changes to their telephone management system. An electronic registration screen was available to ease patient waiting times at the reception desk and an on-line appointment booking system had increased the range of appointments accessible to patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the practice values.
- The GP Partners held regular meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

The practice did not have a formal written strategy or supporting business plan. Instead, we saw that developmental options were discussed at partners meetings and noted in the minutes from those meetings. While the partners recognised a formal business plan may be beneficial, they considered the business planning arrangements in place to be satisfactory.

Governance arrangements

The practice had a governance framework which supported the delivery of their vision to provide good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via a shared drive on the computer system.
- A comprehensive understanding of the performance of the practice was maintained by regular monitoring and evaluation of performance across a range of performance indicators.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, 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.
- 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.
- The practice arranged social events for staff, most recently a quiz night.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, we saw notes from team meetings where staff had been invited to participate and contribute in response to notification of the CQC inspection.

We saw that since 2012 the practice had also been involved in a local 'work experience' project. A total of 22 students had been involved in the project, where they worked at the practice in order to gain further experience. The practice advised that of the students who had attended, three were known to have progressed to working in associated health care fields.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had 16 members who attended regular meetings at the practice.

The practice also benefitted from the input of 460 members of a virtual patient representation group (VPRG). The VPRG worked alongside the PPG and patients were able to respond to surveys and make contributions via email or online, rather than attend meetings in person.

- The PPG and VPRG were active and engaged with the development of the practice and had contributed to a number of new initiatives and improvements to the patient experience. We saw that as a result of patient feedback the practice had introduced a patient newsletter, which was to be issued four times each year.
- The practice had held patient 'open evenings' to provide information about the services available and had guest speakers, including from external agencies, such as the Bedfordshire Carers Association. The practice had submitted its carers policy to the Association for assessment and validation.
- The patient 'open evenings' held for patients were attended by a range of practice staff and had included attendance and presentations from the Alzheimer's Society, the Red Cross, a hospital dietician and the local Lifestyle Hub.
- PPG members told us that as a result of the concerns about the availability of appointments the practice had taken steps to publicise the volume of patients that did not attend (DNA) for their scheduled appointments. We saw for example, that staff on the Patient Support Team wore badges identifying the number of missed appointments each week.
- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice told us that they made changes to the way annual patient reviews and recalls were planned and this had increased patient uptake.

- We saw evidence of staff suggestions which had been adopted by the practice, for example the development of the practice to become holders of food bank vouchers arose from staff feedback. We were also told that staff at the practice donated foodstuffs to create food hampers for the vulnerable during the Christmas period.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in schemes to improve outcomes for patients in the area.

For example, during one week each month, the practice undertook a quality survey of all patients for an individual clinician. All comment and outcomes were shared with the clinician to help evidence good practice and identify any developmental or learning opportunities.

As a training practice there was an embedded culture of learning and education. The practice had clear principles for engagement with development and learning opportunities encouraged across all staff groups and roles. For example, the practice provided clinical staff with a weeks study leave each year. Staff told us they were encouraged and supported to embrace personal and professional development.

The development and implementation of the patient services team in reception and administrative functions had enabled staff to engage with different aspects of work and had facilitated a broader understanding of the work of the practice and patients' needs.

The partners meetings received comprehensive information covering a broad range of performance areas, including appointment volumes, patient complaints, financial management and budget, staff attendance and performance matters.

Overall performance was detailed and monitored via a combination of indicators set at local and national levels, including QOF and patient survey outcomes.

Are services well-led?

Good 

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

The practice had outline plans for ongoing development and expansion of services to meet expanding patient needs due to a forecasted increasing patient list size. The practice was in discussion about the takeover of a neighbouring practice.