

Kirby Road Surgery

Quality Report

58 Kirby Road

Dunstable

Bedford

LU6 3JH

Tel: 01582 609121

Website: www.kirbyroadsurgery.co.uk

Date of inspection visit: 28 September 2016

Date of publication: 28/02/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Kirby Road Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kirby Road Surgery on 28 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff were aware of their responsibilities in helping to safeguard and protect patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. The practice had introduced a different way of working to manage the practice.
- The practice matron employed by the practice supported frail elderly and vulnerable patients.
- They worked well with multidisciplinary teams, including community and social services to plan and implement care for their patients.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 248 patients as carers (approximately 2.7% of the practice list).
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended hours appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

However there were two areas of practice where the provider should make improvements:

- The practice should continue to complete staff appraisals and ensure that they are undertaken annually.
- Continue to support and develop the patient participation group.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. They were discussed at practice meetings and lessons learned shared with staff.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were appropriate systems in place to protect patients from the risks associated with medicines management; the clinicians had access to a medicines software tool to check contraindications of medication.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff had received appropriate training for their role and were aware of how to recognise signs of abuse. Any concerns were shared with community service staff and discussed at multidisciplinary team meetings.
- Risks to patients were assessed and well managed. The practice undertook risk assessments and completed actions where needed following these. Appropriate levels of staff were managed by a rota system.
- 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 and key contractors. Copies were kept off site by lead staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Good



Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 85%, where the local CCG and national averages were 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 97% which was comparable to the CCG and national averages of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice used an electronic medicine optimisation and monitoring system known as Eclipse.
- 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. We saw evidence that staff were encouraged to upskill and had the opportunity for promotions and additional responsibilities.
- The practice had designated members of administration staff to support different areas for example, palliative care and child safeguarding.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer; following up patients who failed to attend appointments.
- The practice ran a family planning clinic known as the 'Sphere Clinic' twice a week, led by one of the GP partners. Sexual health screening and treatment for sexually transmitted diseases was also offered. The practice was part of the 'Condomania' scheme which provided free condoms together with information about sexually transmitted infections and sexual health services in Bedfordshire.
- Vulnerable patients, patients who may be at risk and those on the palliative care register were prioritised through a red flag on the clinical system. Staff were aware that these patients should be prioritised and given longer appointments.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- We saw evidence of a strong patient centric culture and staff informed us that they were committed to providing high quality, personalised care for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 85% 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%.
- Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a register of patients who were carers and had identified 248 patients as carers, approximately 2.7% of the practice list.
- The practice matron supported carers and in addition to addressing any healthcare needs was able to signpost patients to appropriate support services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England and Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia reviews.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line or above the local and national averages.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had introduced a 'Health Pod' in the waiting area to enable patients to take their blood pressure and weight.
- The practice offered a range of extended hours appointments.

Are services well-led?

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

- The practice had a statement of purpose which aimed to provide all patients with better quality primary health care and to continually improve the health of the practice population.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group (PPG) had been active but membership was limited.

Good



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.
- All patients over the age of 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were available for all patients, including the elderly.
- The practice matron undertook home visits accompanied by GPs, physiotherapists and occupational therapists if required to patients in this group.
- All eligible patients were offered an over 75s health check.
- The practice provided influenza, pneumonia and shingles vaccinations.
- The health care assistant offered home visits for blood pressure tests and phlebotomy.

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.
- Performance for diabetes related indicators was comparable to local and national averages. For example, the percentage of patients with diabetes, on the practice register, in whom the last HbA1c was 64mmol/mol or less in the preceding 12 months was 78% compared to local CCG average of 76% and national average of 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 97% which was comparable to the CCG and national averages of 90%.
- The practice had carried out an audit to review the interactions of other medicines with those taken by diabetic patients.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- 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.

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.
- The practice's uptake for the cervical screening programme was 94%, which was better than the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice hosted a weekly midwife clinic.
- The practice undertook audits of children who may be at risk who were recommended to have an annual medical review. The safeguarding lead for the practice audited these children every three months to check they had an appropriate review and relevant findings were actioned.
- On notification of a birth, the practice sent a congratulations card to the new parents with appointment details for a new baby check.
- The practice ran a family planning clinic known as the 'Sphere Clinic' twice a week, led by one of the GP partners.
- The practice was part of the 'Condomania' scheme which provided free condoms together with information about sexually transmitted infections and sexual health services in Bedfordshire.

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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice offered in house stop smoking advice.
- The practice had a range of extended hours and telephone consultation appointments available
- The practice offered NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

The practice is rated as good 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.
- 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.
- Patients in this group were specifically identified on the clinical system by way of a red flag.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 248 patients as carers (approximately 2.7% of the practice list). The community matron supported carers by assisting them with both medical and social support.
- The practice had a specific information board in the waiting areas which advised carers of how to register at the practice and where to access support.
- The practice sent letters to carers inviting them to attend for health reviews and flu vaccinations.

Good



Summary of findings

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).

- 67% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG and national averages of 84%.
- Performance for mental health related indicators was comparable to local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their patient record in the preceding 12 months was 93% comparable to the CCG average of 87% and the national average of 88%.
- 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.
- Patients requiring counselling could self-refer to SORTED, a free and confidential counselling service for young people aged between 10 and 25 years.
- Children could be referred to CHUMS, a community based service, which offered support to children and young people with mild and moderate mental health needs.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice demonstrated good working relationships with the community mental health teams and social workers.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 118 were returned. This represented a response rate of 47% (approximately 1.3% of the practice's patient list).

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 85% 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%.
- 87% 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%.
- 78% 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 40 comment cards of which the majority were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from August 2015 to August 2016 showed that 88% (573 of the 654 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

There were two areas where the provider should make improvements:

- The practice should continue to complete staff appraisals and ensure that they are undertaken annually.
- Continue to support and develop the patient participation group.

Kirby Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Kirby Road Surgery

The Kirby Road Surgery provides a range of primary medical services, including minor surgical procedures from its purpose built premises at 58 Kirby Road, Dunstable, Bedfordshire. The practice is part of the Chiltern Vale Locality in Bedfordshire Clinical Commissioning Group (CCG)

The practice serves a predominantly White British population of approximately 9,000 patients. There has been a recent increase of Eastern European patients registering with the surgery. Local demographics show a slightly higher than average populations of males and females aged 45 to 54 years and slightly lower than average populations of patients aged 30 to 44 years. National data indicates the area is one of low deprivation and low unemployment in comparison to England as a whole.

The clinical team consists of four GP partners (three male and one female), a practice matron, three practice nurses and three health care assistants. The team is supported by a practice management team of three staff and a team of administrative staff. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and

NHS England for delivering general medical services to local communities. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice at Kirby Road operates from a single storey purpose built property and patient consultations and treatments take place on ground level. There is car parking available at the front of the practice with designated disabled parking bays.

The practice is open Mondays to Fridays between 8.30am and 6.30pm. Extended hours appointments are available on alternate Wednesdays and Fridays and from 7am to 8am, and alternate Mondays and Tuesdays between 6pm and 8pm. Appointments are also available on alternate Saturdays from 8.30am to 11am.

The out of hours service is provided by CARE UK and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 28 September 2016. During our inspection we:

- Spoke with a range of staff GP partners, the practice matron, practice nurses, the practice management team and a number of administration staff.
- Spoke with patients who used the service including members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation, a verbal and written apology. They were also 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. For example, we saw evidence that where an incident had occurred it was thoroughly investigated and discussed within the practice. As a result protocols were amended. Another event was recorded followed a complaint regarding the wording of correspondence sent to patients. Following discussions with the practice team the templates used were reworded.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that appropriate action was taken to improve safety in the practice. For example, on receipt of an alert regarding blood testing strips for monitoring diabetes the practice manager and GP discussed this with the other clinical staff and checks were carried out to check patients that may have been affected. We saw evidence of a report created to identify all patients issued with a prescription for the affected blood glucose strips. In this instance no patients were identified.

Alerts were discussed at clinical meetings and the practice reviewed protocols and agreed any necessary changes. When an alert was received possible infections resulting

from ear-piercing, this was disseminated to all clinical staff to make them aware of the alert and we saw documentary evidence that all appropriate staff had read the alert and noted its contents.

The practice policy on alerts detailed the processes to be carried out should patients be identified as being affected. This included contacting patients and arranging for them to be sent a letter or invited in for an appointment of telephone conversation to discuss the implications of the alert.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nursing staff were also trained to a level appropriate to their role.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had a policy in place which detailed the role of a chaperone, what needed to be documented following completion of the duty and the process for reporting if there were concerns. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the

Are services safe?

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. For example, it had been identified during the audit that some repairs needed to be undertaken in the clinical rooms, and wipe clean chairs to be provided. These actions were marked for immediate action on the plan.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice matron monitored medicine prescribed to patients who had recently been discharged from hospital and checked that the dosage was correct and that there were no contraindications. If there were discrepancies these were reported in a timely fashion.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were 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 a poster in the reception office 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, managed by a member of the practice management team for all the different staffing groups to ensure enough staff were on duty. Locum GPs were used for gaps in GP cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff had annual basic life support training annually. Existing administration staff completed this in line with guidelines. New staff undertook this within the three months of employment.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for suppliers and staff. A copy was held of site.

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 attended study days and external training and used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, above the local CCG average of 96% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

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

- The percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 85%, where the CCG and national averages were 78%. Exception reporting for this indicator was 9% compared to a CCG and national averages of 13%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice performance for the treatment of patients with respiratory illness were:

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 97% which was comparable to the CCG and national averages of 90%. Exception reporting for this indicator was 12% compared to a CCG and national averages of 12%.

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

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 96% where the CCG average was 91% and national average was 89%. Exception reporting for this indicator was 23% compared to a CCG average of 14% and national average of 10%.

The practice exception reporting rate was 23% which was higher than the the CCG and national averages. The practice had a system for recalling patients on the QOF disease registers and had a lead GP responsible for QOF. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being excepted.

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 76% which was comparable to the CCG average of 86% and national average of 84%. Exception reporting for this indicator was 6% compared to a CCG and national averages of 7%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years, we looked at completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, information about patients' outcomes was used to make improvements such as; an audit was completed in April 2015 looking at the prescribing of cholesterol reducing medicine (statins) for diabetic patients. This was in response to NICE guidelines cholesterol management in both type 1 and type 2 diabetes. The first cycle in 2014 showed that out of 379

Are services effective?

(for example, treatment is effective)

patients, 165 had higher levels of cholesterol. A second audit carried out in 2015 showed that now they had 399 patients, with 153 having a higher level of cholesterol. The practice had lowered cholesterol levels for 12 patients over the 12 month period. The practice continue to work to improve this area, however the audit had showed a high number of patients not tolerating, or declining the use of a statin (68%), and this was now an area of focus.

A second audit looked at the care of children who may be at risk, who were recommended to have an annual medical review. The safeguarding lead at the practice had audited these children every three months to check they had received an appropriate review and action was taken where necessary. An audit carried out in January 2016 showed 14 patients on the 'children at risk' register. Of these patients 10 had had a review with no outstanding issues identified. Four patients were no longer considered to be at risk.

The practice also used an electronic, medicine optimisation and monitoring system known as Eclipse. Searches were run on a fortnightly basis; findings were pertinent to individual patients and were reviewed by the nominated GP and action was taken when necessary.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. At the time of inspection the practice had recently introduced a new practice management team, consisting of three members of staff who had previously been part of the administration team. The partners had decided to trial this approach for six months to assess the benefits to the practice. The decision was made in December 2016 to continue with this new model of management.
- The practice employed a practice matron, funded by the Bedfordshire Clinical Commissioning Group, who had specific responsibility for frail elderly patients and those suffering with dementia. She was also responsible for identifying most vulnerable patients with high risk of unplanned admission to hospital. Monthly meetings were held with the GPs and community services, for example district nurses and the palliative care team to discuss cases.
- 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 such as diabetes, COPD (chronic obstructive

pulmonary disease) and cardiac disease attended study days, conferences and external events. Also GPs had specialist interest in dermatology, musculoskeletal conditions, sexual health and complementary therapies such as acupuncture.

- 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. There was evidence of appraisals and personal development plans for all staff. Most staff had received an appraisal within the last 12 months and those who had not were scheduled to have these completed by the end of March 2017. Staff were encouraged to upskill and had the opportunity for promotions and additional responsibilities. The practice participated in the local CCG training sessions which were held bi monthly.
- The practice had an induction programme for all newly appointed staff; we saw evidence of a plan in progress for a new employee. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. In addition 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 had designated members of administration staff to support different areas for example, palliative care and child safeguarding. These individuals received reports and correspondence and attended multidisciplinary meetings.

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

Are services effective?

(for example, treatment is effective)

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 and with the out of hours service.

- 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 or those nearing the end of their life.
- The practice held a weekly midwife clinic for patients requiring pre and ante natal care.
- The practice utilised an effective recall system to invite patients by letters, email, and SMS text message as appropriate, for their regular checks. We saw that appointments were linked to synchronise reviews, reducing the number of appointments for patients.
- The practice matron was able to directly refer patients to community mental health teams and liaise with the specialist community staff and services.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring

advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant support services. One of the health care assistants was trained as a smoking cessation advisor and provided appointments weekly, which patients could self refer themselves to. Dedicated information boards were available in the waiting area and on the practice website to direct patients to available support.

The practice's uptake for the cervical screening programme was 94% which was higher than the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and for those with a learning disability and they ensured a female sample taker was available.

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

- 61% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 59% and the national average was 58%.
- 77% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and the national average was 72%.

Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% (national average 90%) and five year olds from 95% to 97% (CCG averages, 91% to 95%, national averages 88% to 94%).

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40-74 years. At the time of our inspection for the period April 2016 to September 2016 the practice had completed 158 out of 166 (95.2%) eligible health checks for

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

people aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made,

where abnormalities or risk factors were identified. 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 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable 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%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 92%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 85% 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%.
- 85% 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%.
- 85% 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%.

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 were informed that staff had in the past used the service it had been used rarely due to the patient demographic but as this was changing and all staff were aware of how to access the service if required.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Information leaflets were available in easy read format and on the practice website. A wide selection was available including how to deal with minor illness, practice services, community support groups, online services and lifestyle hubs.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 248 patients as carers (approximately 2.7% of the practice list). The practice matron supported carers by assisting them with both medical and social support. The practice had a specific information board in the waiting areas which

advised carers of how to register at the practice and where to access support locally or nationally. The practice sent letters to carers inviting them to attend for health reviews and flu vaccinations.

We saw that on notification of a birth, the practice sent a congratulations card to the new parents given to new parents with appointment details for a new baby check.

Staff told us that if families had suffered bereavement, the community matron contacted them and sent them a sympathy card. Additional support was offered either by telephone or a home visit at a flexible time and location to meet the family's needs when advice could be given on how to access support services.

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. The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia diagnosis. We saw evidence that the practice maintained the low figures within the locality for unplanned hospital admissions which they attributed to their continued efforts to ensure vulnerable patients were well supported.

- The practice offered extended hours appointments on alternate Wednesdays and Fridays and from 7am to 8am, on alternate Monday and Tuesday evenings until 8pm and on alternate Saturday mornings from 8.30am to 11.15am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and elderly patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These may be joint visits for example with the community matron, occupational therapists or physiotherapists.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Prescriptions were issued by the practice for vaccines available privately and patients were then referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available, if required.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice used an electronic, medicine optimisation and monitoring system known as Eclipse. Searches were run on a regular basis; findings were pertinent to individual patients and were actioned immediately.
- The practice staff were responsive to concerns of patient's health deteriorating. They were alert to

changes in patients conditions and would arrange early telephone triage for the duty doctor, and would action an urgent visit request from a GP or the practice matron or offer an emergency same day appointments.

- The practice had introduced a 'Health Pod' in the waiting area. This enabled patients to take their blood pressure and weight. Information about the pod and the benefits of using it was available in the waiting area and on the practice website. Patients told us that it was a useful addition.
- The practice ran a family planning clinic known as the 'Sphere Clinic' twice a week, led by one of the GP partners. This service provided full contraceptive services including IUD (Intrauterine Devices), implant fittings and emergency contraception. Sexual health screening and treatment for sexually transmitted diseases was also offered. Pre-conceptual advice was available to patients.
- The practice was part of the 'Condomania' scheme which provided free condoms together with information about sexually transmitted infections and sexual health services in Bedfordshire.
- Patients who required counselling were advised to self-refer to SORTED, a free and confidential counselling service for young people aged between 10 and 25 years who live in central Bedfordshire.
- Children could be referred to CHUMS, the Emotional Wellbeing Service, a community based service commissioned by East London Foundation Trust. The service offered support to children and young people with mild and moderate mental health needs, in Bedfordshire.
- The healthcare assistants offered home visits for phlebotomy and blood pressure checks for housebound patients and would then report any concerns to the relevant clinicians.

Access to the service

Kirby Road Surgery was open Mondays to Fridays between 8.30am and 6.30pm. Extended hours appointments were available on alternate Wednesdays and Fridays and from 7am to 8am, and alternate Mondays and Tuesdays between 6pm and 8pm. Appointments were also available on alternate Saturdays from 8.30am to 11am.

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

Are services responsive to people's needs?

(for example, to feedback?)

included acute routine appointments which were offered on Mondays and Tuesdays at 8.20am and were pre booked in advance. Appointments could be booked in person, on the telephone or online.

Patients requiring the services of a GP outside normal consultation times could access the out of hours service, provided by CARE UK and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

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

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

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

The practice had a system in place to assess:

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

Requests were received by receptionists and managed by the duty doctor who would action them appropriately. In

cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

We looked at 21 complaints received in the last 12 months and found and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that when the practice received a complaint from a patient who was dissatisfied with the information they received regarding medication changes, the practice discussed the complaint and reviewed processes following the incident to reduce the risk of recurrence.

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 detailed that the practice was committed to providing better primary care. This was displayed in the practice and on the website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values. The partners were motivated to continually monitor the performance of the practice and its staff for example, the review and changes within the practice management team.
- Staff told us that a variety of systems were in place to communicate information to staff either during meetings, via the electronic system or a communication book.

Governance arrangements

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

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

Leadership and culture

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. We observed that 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 support, an explanation 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 they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The partners attend a variety of external meetings including the locality CCG, Safeguarding Board, Prescribing Leads and federating meetings.

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 surveys and complaints received. Also, there was a suggestion box in the waiting area to encourage comments and ideas from patients. The patient participation group (PPG) had met, but had a limited membership so was undertaking a recruitment drive assisted by the practice team and were reinstating the virtual group to give the opportunity for patients to become involved.
- 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

Are services well-led?

Good 

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

management, for example, concerns had been raised that the practice did not have a defibrillator and subsequently one was purchased and staff trained accordingly.

- Staff told us they felt involved and engaged to improve how the practice was run and commented that the new practice management team was working well.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of the 'Caring Together' project. This pilot project aimed to combine both health and social care services to a specified cohort of patients. It included representatives from primary care, social care, public health, community services and voluntary services.