

Larksfield Surgery Medical Partnership

Quality Report

Arlesey Road
Stotfold
Hitchin
SG5 4HB

Tel: 01462 732200

Website: www.larksfieldsurgery.gpsurgery.net

Date of inspection visit: 20 September 2016

Date of publication: 31/03/2017

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?

Requires improvement



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 Larksfield Surgery Medical Partnership	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 Larksfield Surgery Medical Partnership on 20 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. However, arrangements in place for the management of alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) were inconsistent.
- In most cases risks to patients were assessed and well managed. However, we saw that the practice did not have a system in place to review or monitor the changes made to patients' records after they had been updated by clerical staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified 324 patients as carers, which was approximately 2.4% of the practice list. There was a carers lead who was proactive in identifying patients with caring responsibilities.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.
- The practice met regularly with the PPG and responded positively to proposals for improvements.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvements are:

- Establish a system that will ensure all MHRA alerts are appropriately reviewed and acted on.
- Review arrangements in place to monitor the updating of medical records.

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. A significant event reporting policy available for all staff to access on the practice computer system.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Generally, the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found that the practice did not have clear arrangements in place to manage the receipt of alerts from the MHRA.
- The arrangements for the clinical oversight of changes to medical records by medical clerks should be reviewed.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Requires improvement



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 similar to the local and national averages. For example, the most recent published results showed the practice achieved 95% of the total number of points. This was comparable with the CCG average of 96% and the national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Clinical audits demonstrated quality improvement. There had been three clinical audits undertaken in the last year, all of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- 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.

- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 324 patients as carers, which was approximately 2.4% of the practice list. There was a carers lead who was proactive in identifying patients with caring responsibilities.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. 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.

Patients we spoke with on the day said they could get appointments when they needed them, with urgent appointments available the same day. However, results from the GP Patient Survey indicated that the practice were below average for patient satisfaction relating to ease of access, for example;

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 54% 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%.

Good



Summary of findings

In response to the low outcomes the practice had plans to replace the complete telephone handling and management system and had recruited two additional reception staff to improve the volume of telephone call that could be dealt with at peak times. The practice also offered extended opening hours

Located in a modern, purpose built health centre the practice had good facilities and was well equipped to treat patients and meet their needs. They had facilities that were suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and consultation rooms on the ground floor. A phlebotomy service was provided at the practice so that patients did not have to attend the local hospital.

The practice worked closely with other organisations and with the local community in planning services that met patients' needs. Links with children's centre and the health visitors meant that information of concern could be shared appropriately.

The practice hosted staff from a drug and alcohol rehabilitation and support service in their building and facilitated referrals for patients as required.

Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate. The practice also encouraged positive feedback and celebrated success appropriately.

Are services well-led?

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

- The practice had a clear vision and strategy 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 policies and procedures in place to govern activity. The practice had a clear schedule of meetings that incorporated staff and governance matters.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we found that some systems for managing risk would benefit from review and strengthening.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.
- Specially arranged events, such as Saturday morning 'flu clinics are organised to aid attendance.
- The practice provided review visits to residents of a care home every three weeks.

People with long term conditions

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

Good



- 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 similar to the local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 91% compared to the CCG average of 90% and the national average of 89%.
- 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.
- The practice had regular Gold Standard Framework meetings to manage palliative care for patients.
- The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus,

Summary of findings

particularly for those patients with long-term conditions. These reviews were held on a regular basis with the support of the practice manager and involved the members of the multi-disciplinary team.

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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, the practice achieved a 97% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 90%.
- The practice's uptake for the cervical screening programme was 87%, compared to the CCG average of 83% and the national average of 81%.
- 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 and health visitors. For example the practice had good links with the area 0-19 year Team, which supported children and teenagers.

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.
- The practice was open from 8am to 6.30pm Monday to Friday.
- Influenza clinics available Saturdays with pre-booked time appointments, rather than first come first served.
- 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.
- 70% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 74% and the national average of 73%.

Good



Summary of findings

- 60% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 59% and the national average of 58%.
- Patients who had not attended for bowel screening were offered an appointment at the practice to discuss the service and its benefits to increase awareness and acceptance of the screening.

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 had identified 324 patients as carers, approximately 2.4% of their list, and offered them flexible appointment booking, health checks and flu vaccinations.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Patients with learning disabilities were offered an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice also worked with local drug and alcohol recovery groups in the area.
- 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.

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).

- 95% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, compared to the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was similar to the 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

Good



Summary of findings

documented in the record, in the preceding 12 months was 88% compared to the CCG and the national average of 89%. However, certain exception reporting rates were noted as being higher than average.

- 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 accident and emergency 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 provided regular ward rounds at a local residential care home for people living with dementia.

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. There were 239 survey forms distributed and 110 were returned. This was a response rate of 46% and represented less than 1% of the practice's patient list.

- 54% 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%.
- 60% 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%.
- 82% 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%.
- 75% 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 81% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four completed comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service. Staff were described as helpful, kind and supportive. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One card mentioned the availability of specific seating for the less able would be welcome.

We also spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were respectful and caring.

The practice made use of the friends and family test. Most recent published results showed 88% of respondents would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Establish a system that will ensure all MHRA alerts are appropriately reviewed and acted on.
- Review arrangements in place to monitor the updating of medical records.

Larksfield Surgery Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Larksfield Surgery Medical Partnership

Larksfield Surgery Medical Partnership provides a range of primary medical services, including a dispensary, to the residents of Stotfold and surrounding area. The practice is housed in a purpose built medical centre, which opened in 1999.

The practice has approximately 13,350 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England. The practice falls within the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice population is pre-dominantly white British and broadly follows the England national profile, apart from where there are fewer patients between the ages of 10 and 30 years of age. National data indicates the area is one of low deprivation and it falls in the 10th least deprived decile. Average life expectancy for patients at the practice is two year longer than the local CCG average and three years longer than the England national average.

The practice is led by five GP partners. The practice employs two salaried GPs and, as a training practice, there were also two GP Registrars. The gender mix of GPs ensured that patients could choose to see either a male or

female GP. The nursing team comprises seven nurses and one Health Care Assistant, managed by a Nursing Manager. The practice told us they had experienced a period of substantial change in recent years, with a number of experienced GPs leaving the practice for different reasons. On the day of our inspection we saw that three new GP partners had joined in the previous 18 months and, more recently, successful recruitment had identified new salaried GPs and a nurse to join the practice. There is a large team of reception, secretarial and administrative staff led by the practice manager. The dispensary staff and other specialist roles completed the complement of staff at the practice.

The practice is open from 8am to 6.30pm Monday to Friday with appointments available between 8am and 5.50pm. Appointments are available during extended hours surgery between 7am to 7.50am and 6.40pm to 7.15pm on different days throughout the week. Appointments in these extended hours surgeries must be pre-booked.

When the practice is closed out-of-hours services are provided by M-Doc and can be accessed via the NHS 111 service. Information about out-of-hours services is available on the practice leaflet and website.

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

Detailed findings

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 September 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and other staff. We spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how staff interacted with patients, 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.

- The practice had a significant event policy for staff to follow when reporting incidents and events. The policy was available on the practice computer system for all staff to access and contained an incident reporting form for staff to complete. 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).
- Significant events were initially discussed with the practice manager and relevant staff members and immediate concerns acted upon. All significant events were then reviewed and discussed at the clinical meetings practice with information cascaded to other staff at practice wide staff meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received 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 significant events. We saw there had been 19 significant events recorded during 2016 and we reviewed a selection of the completed forms. This showed that lessons learnt were noted and shared across the practice and, where appropriate, action was taken to improve safety in the practice.

For example, there had been an incident where some medicines had not been refrigerated on delivery and, as they had been outside of the approved cold chain storage requirements, had to be destroyed. In response to this the practice completed a thorough investigation, which included a review of systems in place to cover medication delivery, storage and recording. Improvements were made to the recording arrangements, with those medicines requiring immediate refrigeration being separately packaged and highlighted. Staff received refresher training and the practice issued reminders to external delivery

companies to ensure those medicines which required refrigeration were clear. We saw that there had been no reoccurrence of the event since the changes had been introduced.

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. We found that the practice did not have a structured system in place to receive, discuss and record action regarding information and developments issued via the MHRA alerts. On discovery of this situation the practice took immediate steps to set up registration for receipt of the MHRA alerts and to establish a system to ensure they were received, reviewed and discussed as necessary at practice meetings. One GP told us they had registered personally to receive the alerts, and we saw that where the alerts applied to the practice that appropriate action had however been taken to respond to the issues in 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.
- A named GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level for child safeguarding (level 3).
- Notices in the waiting area and consultation rooms advised patients that chaperones were available if required. Staff who acted as chaperones had received training for the role and wore a badge identifying them as being available as a chaperone. All nursing staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an

Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At the time of our inspection administrative who acted as chaperones had completed training and had been formally risk assessed by the practice. However, the practice advised us that they had commenced a programme where all staff who acted as chaperones would receive a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. We saw that the infection control lead 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. 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 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 teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- Medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of

their potential misuse) and had clear procedures in place to manage them safely. There were also appropriate arrangements in place for the destruction of controlled drugs.

- We reviewed 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. The practice had comprehensive recruitment policies and systems, which were applied consistently and thoroughly.

Monitoring risks to patients

Risks to patients were generally thoroughly 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 staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills every six months. All electrical equipment had been checked to ensure it was safe to use and clinical equipment was checked annually 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).
- The practice had a clear protocol in place to guide the work of medical clerks who updated the records of patients, for example when results were received from other services or under the 'shared care' protocol. We saw that that the protocol provided guidance when cases should be referred to a clinician, for example when three alerts were evident. However, there was little evidence of clinical oversight to improve the level of support for medical clerks and raise the level of awareness for management and assessment of risks.
- 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

Are services safe?

system in place for all the different staffing groups to ensure enough staff were on duty. Staff worked additional hours to cover for others absences. The practice had four regular locum GPs.

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.
- The practice had a first aid kit and accident book in order to record appropriate activity and had arrangements in place to access defibrillator and oxygen with adult and children's masks as necessary.
- Emergency medicines were 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. However, we found that consideration about ease of access to the emergency medication for consultations on the first floor could be strengthened.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had identified alternative options to access accommodation in an emergency if the building was unsafe or inaccessible for any reason. The plan included emergency contact numbers for staff. Senior staff had a copy of the plan which they held off 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 and used this information to deliver care and treatment that met patients' needs.
- NICE guidelines were discussed at the practice clinical meetings.
- 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 showed the practice achieved 95% of the total number of points available with an overall exception rate of 4.7%. This was comparable with the CCG average of 96%, with an exception rate of 5.3%, and the national average of 95% with an exception rate of 5.7%. 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.

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 similar to the local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 91% (with an exception reporting rate of 7%) compared to the CCG average of 90% (exception reporting rate of 7%) and the national average of 89% (exception reporting rate of 8%).
- Performance for mental health related indicators was similar to the 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 the record, in the preceding 12 months was 88% (exception reporting rate of 27%) compared to the CCG average of 89% (exception reporting rate of 15%) and the national average of 89% (exception reporting rate of 13%).

- Performance for dementia related indicators was similar to the local and national averages. For example, 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 95% (exception reporting rate of 15%) compared to the CCG average of 86% (exception reporting rate of 7%) and the national average of 84% (exception reporting rate of 7%).

The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus, with performance discussed at the practice clinical meetings.

We discussed the higher than average exception rate with the practice and reviewed the systems in place they used to manage the process. We found that the practice implemented a policy of making three attempts to contact the patient and, if no response was received, an exception was applied. We noted that the practice based initial contact for review or recall on the birthday anniversary of the patient and did not appear to take into account the impact of a patient's current treatment plan. Additionally, it appeared that the only method used to attempt contact with patients was by letter. We could see that the practice had a clear policy, which it applied efficiently; however, the high exception rates did mean that a number of patients may not be receiving timely intervention or review.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last year, each of which had been a two cycle audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, we saw that the practice completed audits covering Non-steroidal anti-inflammatory drugs (NSAID), Diabetes and Tonsillitis. We saw that outcomes included improved awareness of NICE guideline and

Are services effective?

(for example, treatment is effective)

reduced prescribing of antibiotics. We saw that following the audit to review care, support and treatment of patients with diabetes, that improvement to patient awareness, understanding and cooperation with ongoing treatment had improved.

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 had induction programme for the GP trainees who attended the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions had received additional training including diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- 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, informal discussions, 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. The practice had a rolling programme of training for staff, including the CCG Protected Learning Zone facility with, for example, dementia awareness training. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

- The practice had a commitment to provide all staff with an annual appraisal and we saw that there had been some slippage in completing all appraisals during the preceding 12 months. However, there was a clear plan to deliver all appraisals within a monitored timetable.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and alcohol cessation. These patients were signposted to relevant services for support.
- Smoking cessation advice was offered by the nurse practitioners.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.

The practice's uptake for the cervical screening programme was 87%, compared to 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. 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. For example,

- 70% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 74% and the national average of 73%.

- 60% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 59% and the national average of 58%.

Patients who had not attended for bowel screening were offered an appointment at the practice to discuss the service and its benefits to increase awareness and acceptance of the screening.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, the practice achieved a 97% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 90%. For MMR vaccinations given to five year olds, the practice achieved an average of 95% compared to the national average of 91%.

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. 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 four of the patients Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service. Staff were described as helpful, knowledgeable and caring and they treated patients with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members 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. They were positive about all the staff in the practice and described them as caring and supportive.

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

- 86% 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%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.

- 84% 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 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice routinely reviewed and analysed performance, with a report being presented to partner's meetings for discussion outlining performance strengths and areas for improvement.

Care planning and involvement in decisions about care and treatment

Patients said they were satisfied with the care they received and thought staff were respectful and caring. They commented they had sufficient time in their consultations to make an informed decision about the choice of treatment available to them and said they felt listened to by the GPs. 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 how patients responded 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:

- 81% 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%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 80% 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.

Are services caring?

- There was a hearing loop for patients with difficulty hearing.
- 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. There were links on the practice website to the NHS Choices website for patients to access information and further advice on their conditions. 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 324 patients as

carers, which was approximately 2.4% of the practice list. The practice had worked hard to develop awareness of carers within the practice and had forged positive links with external agencies, such as Bedfordshire Carers, to ensure supplementary information was available to patients who wished to access additional support.

Carers were offered flexible appointment booking, health checks and flu vaccinations. The practice had a carers information board with written information available to direct carers to the avenues of support available to them.

Staff told us that if families had suffered bereavement, they may contact them and provide a follow up consultation if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the 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 and these patients were offered an annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Some phlebotomy was provided at the practice, dependent on availability, which meant these patients did not have to attend hospital or other services
- 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 as well as those only available privately. Information leaflets for travellers, giving advice relating to vaccination and health precautions, were available in the patient waiting area.
- Appointment booking and repeat prescription requests were available online.
- Translation services and a hearing loop were available.
- The practice had facilities that were suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and consultation rooms on the ground floor.
- Baby changing facilities were available along with space for nursing mothers.

The practice provided GP services to residents at a care home, where residents lived with dementia. Staff from the practice who worked with these patients had developed skills and awareness of the needs this patient group.

The practice recognized the difficulties some patients had with rigid appointment systems and offered flexibility in the delivery of health checks, clinics and general appointments. For example, if a patient was not able to attend a specified clinic the practice would ensure alternative arrangements would be made for them to be seen at an alternative more convenient time. Annual health

checks and routines immunisations are also included in the services provided. This meant that these patients had been enabled to benefit from services they otherwise would have not accessed.

Clinical staff had access to advice and support from a wide range of specialist staff including a dietician, the local respiratory team and staff also worked closely with the diabetes team.

The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis, links with the community midwife team and health visitors formed part of the support available. Flu clinics for children held on Saturdays and after school hours, so that children need not be taken out of school.

The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) where necessary and encouraged patients to self-refer where appropriate. Information about the psychological well-being service was available within the waiting area.

Access to the service

The practice was routinely open from 8am to 6.30pm Monday to Friday with appointments available between 8am and 5.50pm. Appointments were available during extended hours surgery between 7am to 7.50am and 6.40pm to 7.15pm on different days throughout the week.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 54% 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%.
- 87% of patients said the last appointment they got was convenient compared to the CCG and the national average of 92%.

Patients we spoke with on the day and the completed comment cards indicated that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was taking action in response to low patient satisfaction with telephone access. The practice told us that were replacing the entire telephone handling and management system and recruiting two additional reception staff. The aim was to have a call management system to efficiently direct callers to the staff in the practice they wished to talk to. The additional reception staff would enable an increased number of calls to be answered, particularly at peak times.

The practice had introduced a text messaging service to remind patients of their appointments and repeat prescriptions. It was hoped that this would reduce the number of occasions when patients did not attend for their appointments.

Feedback from patients we spoke with and from the completed CQC comment cards confirmed that appointments times were usually on-time and if there was any delay staff would advise patients who were waiting. The GP Patients Survey results in July 2016 showed that 67% of patients felt they usually waited 15 minutes or less after their appointment time to be seen, this was in line with the CCG average of 64% and the national average of 66%.

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 reviewed and the patient contacted by telephone to assess the urgency and need for a home visit. 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk, there were posters in the waiting area and information on the practice website.

At the time of our inspection the practice had received eight complaints in 2016. We reviewed the methodology with which the practice had dealt with these concerns and found that they had been satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Action was taken to as a result to improve the quality of care where appropriate.

For example, the practice had received two complaints about the availability and booking of appointments. We saw that the practice had completed a detailed review of the availability of appointments and, particularly where children's age related issues impacted on the booking, relevant staff had been reminded about the importance of reviewing any special circumstances surrounding appointments for children. We also saw that patient feedback about the availability of appointments, the use of online booking and the possibility of increasing telephone access had all been discussed at partners and practice wide meetings in attempts to improve access for patients.

The performance monitoring arrangements the practice had in place meant that they would be able to determine if the recently introduced changes had improved services to patients .. Complaints were also documented as a significant event as necessary. We also saw that the practice recorded compliments or other positive feedback so that it could be shared with staff and be recognised and celebrated as appropriate.

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 patient statement and information which was available on display around the practice, in leaflets and on the website
- Practice staff were aware of the values and those of the partners and we saw they worked hard to deliver services to meet patients' needs.
- Their statement of purpose outlined their aims, to provide high quality, person-focused, holistic care, for the whole family, from cradle to grave, within available resources, irrespective of the patient's disease, or personal and social characteristics.
- The practice was committed to services being provided in the most appropriate setting and that they will work with other agencies and services to deliver care to ensure that patients' needs are being met.
- The practice had a strategy and supporting business plans were in development.

Governance arrangements

The practice had a 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. The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus. The practice benchmarked performance against other GP service providers to establish an understanding of relative performance standards. The practice recognised that improvements were required in relation to patient satisfaction, particularly in relation to access to appointments and telephone access. The partners had taken steps to replace telephone management systems and recruit additional staff to address these concerns.
- A programme of continuous clinical and internal audit was used to monitor quality and to make

improvements. In most cases risks to patients were assessed and well managed. However, we saw that there was no formal clinical review or oversight to check the changes made to patients' records after they had been updated by clerical staff.

- The practice did not have formal systems in place to ensure all MHRA alerts were appropriately reviewed and acted on.

Leadership and culture

- On the day of inspection the GP partners and practice management team 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 we spoke with told us the GPs and the practice managers were approachable and took the time to listen to all members of staff.
- We were told that the practice had experienced a period of significant recent change. Three GP partners had left the practice under different circumstances and the practice had worked hard to recruit replacement GPs. The practice had sought additional support from NHS England and had plans in place for future development.
- 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 actively encouraged a culture of openness and honesty.
- The practice had systems in place to ensure that when things went wrong with care and treatment they 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 and we saw notes from the meetings to evidence this.
- 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.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported.
- Staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- GPs and other staff attended training sessions offered by the East and North Hertfordshire CCG called Protected Learning Zone.

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 and the meetings were attended by GPs and the practice manager.
- The group submitted proposals for improvements to the practice management team. For example, they provided detailed feedback from a patient's perspective in relation to the availability of appointment, the use of telephone triage and call-backs by GPs.
- The PPG had commenced a patient newsletter in collaboration with the practice that included information about the practice, the services offered and patient survey information. The PPG was advertised on the website and new members, particularly from the younger patients, were actively encouraged to join.
- A 'virtual' PPG had been launched which had approximately 70 members and was invited to provide feedback on developmental matters and complete questionnaires online or via email rather than attending meetings.

- The practice made use of the friends and family test, a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results showed 88% of respondents would recommend the practice. The friends and family test results and comments were discussed at the PPG meetings and the group were involved in discussions on how to make improvements.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

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 had engaged in specialist development work, using software to interrogate and manage information on Systmone database.
- Practice had completed focussed diabetes audit in response to patient needs.
- Introduced 30 minute daily catch-up session for clinicians.
- Engaged with Federation development.
- Supporting collaborative work with clinical pharmacist pilot, to improve prescribing practice.