

Ivel Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ivel Medical Centre on 24 November 2015. 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 assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked well with the patient participation group (PPG) and responded to suggestions for improvements.

- The practice made the best use of their premises to meet patients' needs and had plans to move to a new building in January 2016.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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.

The areas where the provider should make improvement are:

- Complete the appraisals for the non-clinical staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received safeguarding training appropriate to their role.
- The practice was visibly clean and tidy and annual infection control audits were completed.
- Risks to patients were assessed and well managed.
- Emergency medicines and oxygen were available.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most of the staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Translation services were available for patients who did not have English as a first language. The practice also had access to British Sign Language interpreters and there was a hearing loop in the reception area.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Early morning appointments and telephone consultations were available.

Are services well-led?

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

Good



- It had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular 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 practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They employed a matron to support the GPs in the care of older people.

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 similar to the CCG and national average. The practice achieved 88% of available points compared to the CCG average of 86% 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 that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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.
- Their uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations and early morning appointments were available.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 94% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.

Good



Summary of findings

- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 94% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing above the local and national averages in most areas. 257 survey forms were distributed and 118 were returned.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 94% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 83% described their experience of making an appointment as good (CCG average 76%, national average 73%).

- 68% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Two cards also contained comments regarding some difficulty in booking an appointment. Patients described the service as very good and excellent and said the staff were supportive. Both the clinical and administrative staff groups received praise and positive comments.

We spoke with three patients during the inspection. All three patients said that they were happy with the care they received. They were complimentary about the staff and said they could usually book an appointment when they needed one.

Ivel Medical Centre

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, a second CQC inspector and a practice manager specialist advisor.

Background to Ivel Medical Centre

Ivel Medical Centre provides a range of primary medical services to the residents of Biggleswade and the surrounding villages. The practice has been at its current location since 1973 and is moving to new premises on 18 January 2016. There is a dispensary at the practice that provides medicines for patients who live more than one mile from a pharmacy.

The practice population is pre-dominantly White British with a higher than average 50-75 year age range. National data indicates the area is one of low deprivation. The practice has approximately 10,800 patients. Services are provided under a general medical services (GMS) contract.

There are five GP partners, three male and two female, who run the practice with the support of the executive director. The nursing team consists of one matron, two minor illness nurses, one practice nurse and two health care assistants. There is an office manager who also holds a nursing qualification and a number of reception and administration staff.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours from 7am on Tuesday and Wednesday mornings. They also open one to two Saturday mornings per month.

When the practice is closed out of hours services are provided by MDoc and can be accessed via the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015. During our inspection we:

- Spoke with a range of staff including GPs and nursing staff, the executive director and office manager, dispensary, reception and administrative staff.
- Spoke with patients who used the service and a member of the patient participation group (PPG).

Detailed findings

- Observed how staff interacted with 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 executive director of any incidents. There was a recording form available both in hard copy and on the practice's computer system. The clinical staff would add a record of the event on to the patients' electronic notes. All significant events were discussed as they occurred at the daily clinical meetings, they were reviewed once a quarter at practice meetings and as a standing item on the partners' meeting agenda.

National patient safety and medicine alerts were received into the practice by the executive director and cascaded to practice staff as appropriate.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was identified as the lead member of staff for safeguarding. There was also a deputy lead and in their absence staff would refer to the duty GP for advice. Alerts were used on the patients' electronic record to identify patients with safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- The nurses and one of the health care assistants were trained to act as chaperones and had received a disclosure and barring check (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. The GP partners took overall responsibility for infection control with the support of the office manager. The office manager liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, they had introduced colour coded, foot operated pedal bins. They also completed hand hygiene audits where they assessed whether staff were following the correct hand washing techniques. Spillage kits were available to clean up bodily fluids.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Medicine alerts were shared with the dispensary staff and they were invited to the daily lunchtime meetings with the GPs and nurses to discuss any areas of concern relating to prescribing. One of the GP partners was responsible for supervising the dispensary.
- We reviewed five personnel files and found that 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.

Are services safe?

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. The practice had up to date fire risk assessments and had carried out a fire drill in the past 12 months. They had identified a fire marshall and there were fire notices around the building that advised staff and patients what to do in the event of a fire. All electrical equipment had been checked in October 2014 to ensure the equipment was safe to use and clinical equipment was checked in September 2015 to ensure it was working properly. We were informed that these checks would be repeated when they moved to the new premises. The practice also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Reception staff had a weekly rota and additional staff were scheduled to cover peak times. We were informed that administration staff would also help reception staff at these times if necessary. The appointment system was regularly reviewed and additional emergency appointments were added on a daily basis if demand required it.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen was available on both floors of the building with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Risks were identified and rated. The plan included emergency contact numbers for staff. A copy of the plan was held off site by the executive director.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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. The executive director disseminated new NICE guidelines to the clinical staff electronically. Hard copies were also available for reference. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. NICE guidelines were incorporated into the chronic disease templates used to guide the clinicians when treating patients. Computer software was used to ensure clinicians were following up to date guidelines for the prescription of medicines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 95% of the total number of points available, with 7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 88% of available points compared to the CCG average of 86% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 2% exception reporting, compared to the CCG average of 98% and the national average of 98%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 14% exception reporting, compared to the CCG average of 94% and the national average of 93%.

- Performance for dementia related indicators was below the CCG and national average. The practice achieved 92% of available points compared to the CCG average of 95% and the national average of 95%.
- Clinical audits demonstrated quality improvement.
- There had been nine clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. There were also dates identified for further completed audits to be done.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- The practice had implemented changes following audits. For example, following a place of death audit they held monthly meetings with the district nurses and the Macmillan nurse. Patients at the end of their life were discussed and information shared between all the different services and the out of hours service to ensure the successful management of end of life patients at home.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction checklist, as part of their recruitment policy, for newly appointed members of staff. This covered all areas of the different job roles and a review of new staff competency was done at four and six months into the role. Staff members also completed training such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Nursing staff had been trained in the care of minor illnesses. One of the nurses had completed the nurse prescriber course and there were plans for another to do the same.
- The learning needs of staff were identified through a system of appraisals and meetings Staff had access to appropriate training to meet these learning needs and

Are services effective?

(for example, treatment is effective)

to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The majority of staff had had an appraisal within the last 12 months. Some of the non-clinical staff had not received an appraisal but these had been planned for and were to take place after the practice had moved to their new premises.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two weeks and that care plans were routinely reviewed and updated.

The GPs held daily meetings in the morning, before the surgery opened, and at lunchtimes for all clinical and dispensing staff to attend and discuss any matters relating to patients that were pertinent. This enabled them to share their experiences and expertise.

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) and the Deprivation of Liberty Safeguards (DoLS). There were notices on the walls in the consulting rooms that gave clinicians guidance on seeking consent. 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician attended the practice weekly and the GPs and nurses referred patients for dietary advice.

The practice had a comprehensive cervical screening programme. Their uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 98% to 99%. Flu vaccination rates for the over 65s were 81%, and at risk groups 55%. These were also above the CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Due to the constraints of the building the practice had identified that confidentiality at the reception area could be an issue. To reduce the risk of conversations being overheard the telephones were answered in an office at the back of reception and there were separate waiting rooms for patients on the ground and first floors.

All of the 37 patient CQC comment cards we received were positive about the service experienced. Two cards also contained comments regarding some difficulty in booking an appointment. Patients described the service as very good and excellent and said the staff were supportive. Both the clinical and administrative staff groups received praise and positive comments.

We also spoke with a member of the patient participation group. They told us the care provided by the practice was excellent and all the staff worked well as a team. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 86%, national average 87%).

- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

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 again were slightly below the local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)

Patients we spoke with on the day of the inspection told us that 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 on the comment cards we received was also positive and aligned with these views. Comments included patients felt listened to and needs were met accordingly.

Translation services were available for patients who did not have English as a first language. The practice also had access to British Sign Language interpreters and there was a hearing loop in the reception area.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the practice website told patients how to access a number of support groups and organisations. For example Asthma UK and Macmillan Cancer Support.

Are services caring?

Patients who were also carers were identified by the practice and an alert was placed on their electronic patient record. A carers pack was available in the practice and on the practice's website outlining the various avenues of

support available to them. Carers were also offered annual health checks and flu vaccinations. There was a carers' noticeboard in the practice with useful information for carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours from 7am on Tuesdays and Wednesdays. They also opened one to two Saturday mornings per month. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and those patients who had difficulty with access to the premises. The practice employed a matron who assisted the GPs with the care of older patients and they carried out home visits, particularly to patients recently discharged from hospital.
- Same day appointments were available for children and those with serious medical conditions.
- There was a daily walk in service from 8.30am to 9.30am for patients to be seen by a GP on the day.
- Telephone consultations were available with the GPs and nurses.
- Appointments were available outside of school hours for children.
- There was the facility for patients to make online appointments and repeat prescription requests.
- The practice made the best use of the building to provide disabled facilities. There was level access into the building and an access enabled toilet. Consultation and treatment rooms were available on the ground floor for patients who could not climb the stairs. There were hand rails around the building to assist patients.
- There was a hearing loop and translation services available.
- The practice carried out weekly visits to three local care homes to provide services to the residents, in addition to home visits when required.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm and 2.50pm to 6pm daily. Extended hours surgeries were

offered from 7am on Tuesdays and Wednesdays and one to two Saturday mornings per month. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The dispensary was open from 8.30am to 12.15pm and 2.30pm to 6pm Monday to Friday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages in most areas. People told us on the day that they were able to get appointments when they needed them.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 96% of patients said they could get through easily to the surgery by phone (CCG average 82%, national average 77%).
- 83% of patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 68% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

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 executive director, with the assistance of the office 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 in the patient waiting area, in a practice complaints leaflet and on the practice website.

We looked at seven complaints received in the last 12 months and found they had been dealt with in a timely manner with openness and transparency. The practice offered apologies when necessary. Lessons were learnt from concerns and complaints and action was taken to as a

Are services responsive to people's needs?

(for example, to feedback?)

result to improve the quality of care. For example, the clinicians have implemented a process of offering a chaperone to patients undergoing intimate procedures during the explanation of the process.

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 and to always put patients first. Their statement of purpose outlined the aims and objectives to offer its registered patients high quality, safe care at the practice's premises or in the patient's own home.

Staff we spoke with were aware of these aims and we witnessed good, caring interactions with patients on the day of the inspection.

The practice identified that the building they were in was not suitable for their growing practice and had plans to move to new premises in January 2016. Both patients and staff commented that this was a positive move.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The appointment system was regularly reviewed and more appointments were made available if needed.
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- There was a comprehensive understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.
- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Role specific staff training was available for all staff.
- There was an appraisal system in place to manage performance and encourage staff development.

Leadership, openness and transparency

The practice was led by the GP partners with the support of the executive director. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and the executive director informed us they had an open door policy. Staff informed us that they were approachable and always took the time to listen to all members of staff.

We saw that the GP partners and executive director had kept staff informed of the move to the new premises. The patient participation group (PPG) member also commented that the practice had kept patients informed of the changes. They had held an open day for patients to view the plans for the new building and submit their comments and suggestions for consideration by the practice. The executive director was the project manager for the preparation of the new building and transfer of services.

The practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- There were regular team meetings and staff were encouraged to contribute to these.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- There was an office manager, who was also a registered nurse who supported the executive director.

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.

Are services well-led?

Good 

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

- It had gathered feedback from patients through the patient participation group (PPG) and complaints received. There was an active PPG which met on a regular basis, and submitted proposals for improvements to the practice management team. For example, the practice implemented online appointment and repeat prescription requests in response to feedback from the PPG. The executive director and two GPs attended the PPG meetings. The PPG have also had input into the plans for the new premises.
- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- The practice had also gathered feedback from staff through staff meetings and appraisals. The majority of staff had received an appraisal within the last 12 months. Some of the non-clinical staff had not had one

but this was planned for after the practice had moved to its new premises. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong 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.

They were members of a local federation in Bedfordshire. This involved collaborative working with other practices to ensure services for patients were provided locally. This included a phlebotomy service that enabled housebound patients to have blood tests taken in their own homes.

The executive director and one of the GPs attended monthly locality meetings with the clinical commissioning group (CCG).