

Kingfisher Practice

Quality Report

Churchfield Medical Centre
322 Crawley Green Road
Luton
Bedfordshire
LU2 9SB
Tel: 01582 399444
Website: www.kingfisherpractice.com

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 Kingfisher Practice on 13 July 2016. Overall the practice is rated as Requires Improvement.

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

- The practice had a significant events policy but it was not followed at all times. Staff were unsure what constituted a significant event. Where significant events had been documented, they were investigated appropriately with lessons learnt identified.
- The practice was not aware of the term duty of candour. However, they were following the general principles that ensured when things went wrong patients received reasonable support, an explanation, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Practice specific policies were available to all staff but they were not always followed, particularly in relation to the management of significant events, complaints and recruitment.

- Published data showed patient outcomes were low compared to the national average. The practice had employed a nurse to manage patients with long term conditions and they were able to provide evidence that improvements were being made.
- Single cycle audits had been carried out. There had been no completed second cycle audits to show where improvements made were implemented and monitored, although they did have plans in place to complete these.
- The practice did not have a patient participation group.
- Patients said they were treated with compassion, dignity and respect.
- Staff said they felt supported by the management team and had received regular appraisals.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Complete infection control audits and review infection control procedures within the practice to identify areas that are not meeting best practice guidance.

Summary of findings

- Operate systems and processes effectively to ensure good governance.
- Ensure the significant event policy is followed and staff understand their responsibility to report significant events.
- Implement processes to ensure continuous clinical improvement such as with clinical audit.
- Ensure implementation of a patient participation group to seek and act on feedback from patients.

In addition the provider should:

- Ensure that all staff understand their requirements under the Duty of Candour.
- Ensure the complaints process is followed and all complaints are responded to within the recommended timeframes.

- Implement a system to record stocks of prescribing stationery to include monitoring the distribution of the blank prescription forms.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive the planned update training on safeguarding vulnerable adults.
- Consider having electrical equipment inspected routinely and tested by a competent person.
- Carry out regular fire drills.
- Continue to identify and support carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- The practice had a significant events policy but it was not evident that this was followed at all times. Where significant events had been documented, they were investigated appropriately with lessons learnt identified.
- The practice was not aware of the term duty of candour. However, they were following the general principles that ensured when things went wrong patients received reasonable support, an explanation, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Processes were not in place to monitor the distribution of blank prescription forms.
- Some pre-employment checks had not been completed.
- The practice had not completed any infection control audits to ensure good infection control measures were in place in all areas.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Staff had received training appropriate to their role.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the national average. The practice provided evidence that considerable improvements had been made for the year 2015/16.
- Clinical audits had been undertaken but there were no full cycle audits. The practice had plans in place to complete these so improvements could be implemented and monitored.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Requires improvement



Summary of findings

- 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 comparably with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about 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 86 patients as carers, which was 1% of the practice list. There was a carers noticeboard in the waiting area with written information to direct carers to the various avenues of support available to them.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients could get information about how to complain in a format they could understand. However, the complaints policy was not followed in relation to the timeframes taken to respond to complaints.
- There was evidence that learning from complaints had been shared with staff.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Are services well-led?

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

- Governance processes were not effective in all areas.
- Practice specific policies were available to all staff but they were not always followed, particularly in relation to the management of significant events, complaints and recruitment.

Inadequate



Summary of findings

- Full cycle audits had not been completed and infection control procedures had not been audited and were lacking in some areas.
- The practice did not have a patient participation group and had not sought the views of the public through patient surveys for a number of years.
- The provider was unaware of the term duty of candour.
- The practice had a 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.

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 provider was rated as inadequate for well-led and requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group. There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All of these patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They provided an anti-coagulant monitoring service to avoid the need for patients to travel to the local hospital.

Requires improvement



People with long term conditions

The provider was rated as inadequate for well-led and requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group. There were, however, some examples of good practice.

- A member of the nursing staff had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Requires improvement



Families, children and young people

The provider was rated as inadequate for well-led and requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group. There were, however, some examples of good practice.

- 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.

Requires improvement



Summary of findings

- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice worked with the local fertility service and carried out initial investigations for problems with fertility.

Working age people (including those recently retired and students)

The provider was rated as inadequate for well-led and requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group. There were, however, some examples of good practice.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- They carried out NHS Health Checks for patients aged 40-74 years.
- Same day urgent appointments were available.
- However, the age profile of patients at the practice showed they were above average for those of working age, but they did not offer extended hours appointments.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate for well-led and requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group. There were, however, some examples of good practice.

- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access 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.

Requires improvement



Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers, which was 1% of the practice list.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for well-led and requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group. There were, however, some examples of good practice.

- Performance for mental health related indicators was similar to the local and national averages. The practice achieved 88% of available points compared to the CCG average of 90% and the national average of 93%.
- 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 various 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.
- They made use of alternative treatments such as cognitive behavioural therapy and meditation.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. There were 318 survey forms distributed and 118 were returned. This represented a 37% response rate and 1% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 66% 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 67% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.

- 89% 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 73% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards, which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were caring. 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.

Kingfisher Practice

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 adviser, and a practice manager specialist adviser.

Background to Kingfisher Practice

Kingfisher Practice provides a range of primary medical services to the residents of Luton. The practice has been at its current purpose built location of Churchfield Medical Centre, 322 Crawley Green Road, Luton, LU2 9SB since 2006.

The practice population is pre-dominantly white British with a higher than average number of patients aged 25 to 34 years and 50 to 59 years and a lower than average number aged over 60 years. National data indicates the area is one of lower deprivation. The practice has approximately 8,300 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England.

The practice is led by two GP partners; one male and one female, and they employ three salaried GPs; two male and one female. The nursing team consists of two nurse prescribers, a chronic disease nurse, a practice nurse and two health care assistants, all female. There are a number of reception and administrative staff led by a practice manager and a deputy practice manager. The practice is a training practice and is currently training two doctors who wish to become GPs.

The practice also runs the National Minor Illness Centre that provides educational courses in minor illness management for nurses, health visitors, paramedics and pharmacists.

The practice is open from 8am to 6.30pm Monday to Friday. The reception is closed from 12.30pm to 1.30pm every day; an emergency telephone number was available during these times if a patient needed to contact a GP urgently.

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

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 13 July 2016.

During our inspection we:

Detailed findings

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

The system in place for reporting and recording significant events within the practice was not effective.

- The practice had a significant events policy but it was not evident that this was followed. Staff within the practice were unsure what constituted a significant event and only two events had been documented in the past 12 months. We noted from minutes of practice meetings that areas of concern were raised by staff and discussed but not formally documented and investigated as significant events.
- Staff we spoke with were aware of the policy and process to follow. They told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However, none of the staff had reported an incident in this way. The practice manager informed us that they were not aware of the term duty of candour; however, we noted that they were following the basic principles when a significant event was reported. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We noted that the events that had been identified were investigated appropriately with lessons learnt identified. These were shared with staff at practice meetings. The forms completed though, did not contain the date that the incident had occurred.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts, were received into the practice by the practice manager and disseminated to the appropriate staff for action. We noted that individual staff members had taken appropriate actions following alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place designed 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 on the practice computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners had been identified as the lead member of staff for safeguarding children and vulnerable adults. The GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children relevant to their role. GPs and nurses were trained to child safeguarding level 3. Staff in the practice had not received update training on safeguarding vulnerable adults although they were aware of their responsibilities. We saw that the practice had arranged this training but it had been cancelled by the external trainer. A future date had been identified for it to be delivered.

- Notices in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be visibly clean and tidy. One of the nurses was the infection control clinical lead in conjunction with the practice manager. They 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. The practice had not completed any infection control audits and whilst we noted some areas of good infection control measures, such as the use of pedal bins and elbow taps, there were some areas that needed attention. For example, the health care assistants and phlebotomists used the consulting rooms for taking blood samples from patients. These rooms were carpeted and the stool used for patients to sit on had a fabric cover. This posed a risk of cross infection if there was a spillage of blood.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

Are services safe?

prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role and attended updates run by the practice to ensure they were prescribing according to best practice. Patient Group Directions (PGDs) had been adopted by the practice to allow the remaining nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. The practice did not keep a record of prescription stationery stock received or a record of distribution of stock within the practice.
- We reviewed five personnel files and found some appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been completed. We found however, that references had not been received for all staff members prior to employment. This included two members of reception staff who started work with the practice before references were received and a salaried GP who had no references. We noted that although references had been asked for from previous employers they had not been received by the practice.

Monitoring risks to patients

Risks to patients were assessed but actions were not fully implemented in all areas.

- 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 upstairs administration area that identified local health and safety representatives. There was also a poster in the reception office but the local health and safety representative's details were absent. The practice had up to date fire risk assessments. They had not carried

out any fire drills but they informed us that one was planned imminently. All staff had received fire safety training and were aware of the evacuation procedure and meeting point. The practice manager informed us they had carried out a visual check of all electrical equipment to ensure the equipment was safe to use.

- Clinical equipment was checked and calibrated in April 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Two GP partners had left the practice in the past six months and they were actively trying to recruit either replacement GP partners or salaried GPs. They had not had any response to their advertisements and regularly used locum GPs. There was an induction pack in place for locums to familiarise themselves with the practice and local area.

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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or

Are services safe?

building damage. This had been reviewed in May 2016 to ensure it was relevant. The plan included emergency contact numbers for staff. Copies of the plan were 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 clinical meetings and incorporated into the treatment templates used by the practice. Staff were able to give examples of recent guidelines received.

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 from 2014/15 showed the practice had achieved 69% of the total number of points available in comparison to the local CCG average of 91% and the national average of 95%.

The practice was an outlier for some of the QOF clinical targets. For example,

- Performance for diabetes related indicators was worse than the national average. The practice achieved 70% of available points compared to the CCG average of 85% and the national average of 89%.
- Performance for dementia related indicators was worse than the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 36% compared to the CCG average of 81% and the national average of 84%.

There were areas where they were comparable with others. For example,

- Performance for mental health related indicators was similar to the local and national averages. The practice achieved 88% of available points compared to the CCG average of 90% and the national average of 93%.
- Performance for hypertension related indicators was similar to the local and national averages. The practice achieved 97% of available points compared to the CCG average of 97% and the national average of 98%.

We explored this data with the practice and found that their use of exception reporting was significantly lower than the CCG or national averages in many areas. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had a system for recalling patients on the QOF disease registers. Patients were all requested to attend three times but discussions with the practice demonstrated that if the patient did not attend they were not always recorded as subject of exception.

The practice had recruited a chronic disease nurse to manage the QOF data and review patients with long term conditions. They were able to provide us with evidence that there had been a significant improvement in their QOF achievement for the current year. Following the inspection, the practice told us that QOF data for 2015/16 showed 91% achievement; this data is unverified and not yet published.

There was some evidence of quality improvement including clinical audit.

- The practice had undertaken two single cycle audits in the past 12 months and were in the process of completing a third. There had been no completed second cycle audits to show where the improvements made were implemented and monitored, although they did have plans in place to complete these.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Following the inspection the practice informed us of an audit they had led within the CCG which looked at best practice guidance for repeat prescribing. This was a two cycle audit and the findings were shared with other practices in the locality.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw that the nursing team had undertaken training in a variety of conditions, for example, minor illnesses, coronary heart disease, chronic obstructive pulmonary disease (COPD) and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding children, fire safety awareness, basic life support and information governance. Arrangements were in place for staff to receive safeguarding vulnerable adult training. Staff had access to and made use in-house training.

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 computer 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 palliative care 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.
- Written consent forms were used for invasive procedures such as minor surgery.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care and carers. Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to Live Well Luton, a free healthy lifestyle service. They provided information and practical support to help people become healthier.

The practice worked with a holistic counsellor who provided treatments such as cognitive behavioural therapy and meditation.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems

Are services effective?

(for example, treatment is effective)

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,

- 82% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
- 59% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 51% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 91% to 97%. The CCG average was from 90% to 96% and 83% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. 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. There was a notice in the waiting area that advised patients of this.

All of the four patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring. Comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required.

The patient participation group (PPG) was no longer active but the practice invited two former members and another patient to speak with us, about their experiences of the practice, on the day of the inspection. They told us they were very happy with the care provided by the practice. They found all the staff kind and helpful and said they were treated with dignity and respect.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% 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?

- British Sign Language interpreters were used for patients with hearing difficulties.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified 86 patients as carers, which was 1% of the practice list. An alert was placed on the

computerised record of these patients to alert the GPs that the patient was also a carer. There was a carers noticeboard in the waiting area with written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs. This was confirmed by a patient we spoke with on the day of the inspection who commented that they had received a high level of support from one of the GP partners following bereavement.

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 Luton Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they provided an anti-coagulant monitoring service to avoid the need for patients to travel to the local hospital. They also worked with the local fertility service and carried out initial investigations for problems with fertility.

- There were longer appointments available for patients with a learning disability or those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointment times were available outside of school hours for children.
- All routine GP and minor illness appointments were allocated 15 minutes.
- Routine appointment booking and repeat prescription requests could be made online.
- SMS text messaging was used to remind patients of their appointment date and time.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were facilities for people with disabilities that included automatic doors, wide corridors and internal doors and access enabled toilets. There was a lowered reception desk for patients using wheelchairs and there were two disabled parking bays close to the entrance of the surgery.
- Baby changing facilities were available.
- All consulting and treatment rooms were available on the ground floor.
- A hearing loop and translation services were available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. There was a range of appointments available between these times with all members of the health care

team. The reception was closed between 12.30pm to 1.30pm daily but an emergency telephone number was available during these times if a patient needed to contact a GP urgently. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice did not offer any extended hours appointments. They informed us they had taken this decision as they worked as part of an integrated health care system and felt that offering routine extended hours appointments was not required. The practice had not sought the opinion of their patients with regard to this. However, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them but sometimes had to wait for up to three weeks for a routine appointment with a GP of their choice. We reviewed the appointment system and found that routine appointments with any GP were available within five days. Results from the national GP patient survey showed that only 13% of respondents stated that they always or almost always see or speak to the GP they prefer. This was lower than the CCG average of 28% and the national average of 36%.

The practice had developed training for reception staff called Priority Access Course to help them prioritise the urgency of appointment and home visit requests. The training equipped the reception staff with the knowledge and resources to direct patients to the most appropriate health care provider. For example, flow charts were available for common symptoms that used a series of questions to assess the whether an urgent appointment or home visit was clinically necessary. All home visit requests were logged and a summary sheet of the patients notes

Are services responsive to people's needs?

(for example, to feedback?)

was printed for the GP. The duty GP would contact the patient by telephone in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

The practice 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 looked at four complaints received in the last 12 months and found that they were not responded to within the timeframes outlined in the practice's complaints policy and procedures. For example, an acknowledgement of the complaints was not given within three working days for all complaints. Although the practice manager had informed us that they were not aware of the term duty of candour, we noted that there was openness and transparency with dealing with the complaints and apologies were offered to patients. Lessons were learnt from individual concerns and complaints and these were shared with staff at practice meetings.

Are services well-led?

Inadequate 

(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 vision to deliver high quality care and promote good outcomes for patients.

- The aim of the practice to provide comprehensive health care was documented in the practice leaflet and on their website.
- Staff we spoke with knew and understood the values of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values. For example, they had acknowledged the shortage of GPs and difficulty in recruiting GPs and were exploring the option of recruiting pharmacists and paramedics to assist with the treatment of patients with minor illnesses.

Governance arrangements

We found some evidence of governance processes at the service, but the leadership team had not ensured that this was effective in all areas. For example,

- Practice specific policies were available to all staff but they were not always followed. This was evident from the management of significant events, complaints and recruitment. For example, staff informed us they were aware of the process to follow when reporting significant events but we noted that none of them had done so. They raised significant events as concerns at team meetings. Complaints were not responded to within the documented timeframes and the practice had not sought references for some staff prior to their employment.
- The practice had undertaken two single cycle audits in the past 12 months but there was no evidence of complete second cycle audits that were used to monitor quality and to make improvements.
- Infection control procedures had not been audited and were lacking in some areas. For example, blood samples were taken in a room with a carpeted floor which was an infection control risk if there was a spillage of blood.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff in the

practice had not received update training on safeguarding vulnerable adults although they were aware of their responsibilities. We saw that the practice had arranged this training but it had been cancelled by the external trainer a future date had been identified for it to be delivered.

- An understanding of the performance of the practice was maintained such as through the monitoring of the quality and outcomes framework (QOF).
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Two GP partners had left the practice in the preceding six months and this had had an impact on the leadership within the practice.

The practice was led by the two GP partners with the support of the practice manager and deputy practice manager. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff.

The provider was unaware of the term duty of candour, however the systems they had in place ensured compliance with the requirements of the regulation. (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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected people were given reasonable support, an explanation and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Inadequate 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from their patients and kept records of positive feedback as well as complaints about the practice.

The practice did not have a patient participation group (PPG). They had tried to formulate a PPG with the assistance of the local clinical commissioning group (CCG) but attendance at the meetings was low and they had now ceased. It has been a contractual requirement since April 2015 for practices to form a PPG. They must engage with them and act on suggestions for improvement. The practice had not sought the views of the public through surveys for a number of years. However, there was a suggestions box at the reception desk and 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.

Feedback from staff was gathered 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. We saw from minutes of practice meetings that this occurred. Staff told us they felt involved and engaged to improve how the practice was run. New staff members were asked to complete an induction evaluation to provide feedback to the practice on their induction and initial training.

Continuous improvement

There was little evidence to demonstrate innovation or service development. There was minimal evidence of learning and reflective practice. The practice had not completed any full cycle clinical audits for more than one year.

The practice team was part of local pilot schemes to improve outcomes for patients in the area. One of the GP partners was the prescribing lead for the local Luton CCG.

They were a training practice and currently had two GP trainees. The Priority Access Course that the practice developed for reception staff was also offered to staff in other practices.

Since 1997, the practice has produced and run educational courses in minor illness management. These courses were for nurses, health visitors, paramedics and pharmacists. They ran seminar weeks in Luton and at satellite locations around the country, and offered a six-month Minor Illness Diploma course.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

We found that there had been no infection control audits carried out to identify areas that were not meeting best practice. Consulting rooms with carpeted floors and stools with fabric covers were used for taking blood samples from patients. This posed a risk of cross infection if there was a spillage of blood.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

We found that practice specific policies were available to all staff but they were not always followed. Particularly in relation to the management of significant events, complaints and recruitment.

Second cycle clinical audits had not been completed to ensure continuous clinical improvement.

There was no patient participation group and a lack of engagement with patients to seek and act on feedback.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.