

# Queens Park Health 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 Queens Park Health Centre on 19 April 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were systematically assessed and appropriately 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.
- Patients were positive about the standard of care they received and about staff behaviours. They said staff were attentive, kind, thorough and helpful. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was readily available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Feedback from patients indicated access to appointments was sometimes difficult, particularly with a named or preferred GP. However, it was also reported that there was continuity of care, with urgent appointments available when required.
- 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 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 practice should take action in the following areas:

- Continue to investigate options to ensure improvement to patient survey outcomes.
- Identify an effective escalation process to pursue when they need to follow up progress relating to building maintenance.

# Summary of findings

- Ensure effective systems are in place for staff appraisals.
- Consider a formal documented business plan to evidence the practice vision and strategy plans
- Continue to encourage patients to attend breast and bowel screening programmes.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and appropriate information. They 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 patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in line with most of the local and national averages. The practice achieved 93% of available QOF points.
- 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 staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed improvement across a wide range of performance areas, although patients still rated the practice below or broadly in line with the local and national averages for most aspects of care.

Good



# Summary of findings

- Feedback from patients we spoke with on the day of our inspection, and those who completed the CQC comments cards, was consistently and strongly positive about the quality of care received.
- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that the results for the practice were mixed. With most outcomes in line with, or lower, than local and national averages. Patients reported 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for providing responsive services.

- Practice staff 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.
- Data from the National GP Patient Survey published in July 2016 showed that the results for the practice were mixed. With most outcomes in line with, or lower, than local and national averages. Patients reported 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.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccine. The practice had approximately 900 patients aged over 65 years.
- Patients over 75 years of age had a named GP and any patients discharged from hospital were contacted to check on their situation.
- Health checks were provided to patients over 75 years of age, with 220 checks delivered in the preceding 12 months.

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.
- 76% of patients on the asthma register had their care reviewed in the last 12 months. This was comparable to the local CCG average of 77% and national average of 75%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- 77% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was less than the local CCG average of 90% and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



# Summary of findings

## 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 may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices in the local area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to meet the needs of working age patients, where the Queens Park Health Centre offered extended opening hours until 7.20pm on Monday and 8pm on Friday evenings and early morning appointments from 8am on Mondays.

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.

Good





# Summary of findings

- 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 and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.

## 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).

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was higher than the local CCG average and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There were named clinical leads for mental health and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 indicated the practice was generally performing in line with local and national averages.

Of the 360 survey forms distributed 112 were returned. This was a response rate of 31%, compared to the national response rate of 38%, and represented less than 1% of the practice's patient list.

- 66% said they found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average 86% and the national average 85%.
- 81% described the overall experience of their GP surgery as fairly good or very good where the CCG average was 86% and the national average 85%.
- 66% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to the CCG and the national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 completed cards. We also spoke with eleven patients and members of the Patient Participation Group (PPG) during the inspection. (The PPG is a group of patients who work with the practice to discuss and develop the services provided).

From this feedback we found that patients were consistently positive about the standard of care received.

Patients said they felt staff were caring, attentive and helpful. Furthermore, that their privacy and dignity was respected at all times. They told us they felt listened to by the GPs and involved in their own care and treatment.

Almost all of the patients we spoke with, or who left comments for us, were positive about access to the practice and appointments. Only three of the comment cards mentioned some concerns. One card identified problems with access to appointments, another made specific reference to follow-up action relating to a mental health referral, whilst another identified difficulties obtaining appointments with the same doctor on each visit.

Nonetheless, all of the patients we spoke with were positive about access to same day and urgent appointments at the practice. We received comments from a diverse range of patients. Some told us they had been registered with the practice for over 30 years, whilst some had recently registered and others had attended with young children.

The practice was aware of the survey outcomes regarding access and had proactively sought to address access concerns. A new software package had been sourced and installed to allow 24 hour telephone access to the appointments system and booking arrangements. This meant that patients could access and make appointments directly onto the system. The practice was monitoring the situation and would review developments and future patient feedback to develop responsive service designed to meet the needs of patients.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to investigate options to ensure improvement to patient survey outcomes.
- Identify an effective escalation process to pursue when they need to follow up progress relating to building maintenance.
- Ensure effective systems are in place for staff appraisals.
- Consider a formal documented business plan to evidence the practice vision and strategy plans
- Continue to encourage patients to attend breast and bowel screening programmes

# Queens Park Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team comprised of a GP acting as a specialist advisor and was led by a CQC inspector.

## Background to Queens Park Health Centre

The practice is based over two sites, the Queens Park Health Centre, at 23c Carlisle Road, Bedford, MK40 4HR and a branch site based at The Medical Centre, 8 Honeysuckle Way, Goldington, Bedford, MK41 0TF.

All patients can access services from either of these sites. Both of these sites were visited as part of this inspection. Throughout our report, when we refer to 'the practice', we are including both sites, unless specifically mentioned by name.

Queens Park Health Centre provides a range of primary medical services from its premises which were built, as purpose built health centre in 1969. The branch in Goldington is based in a modern purpose built premises, built in 2009.

The practice has approximately 8500 patients in Bedford and the surrounding villages. Staff at the practice speak a number of languages including English, Punjabi, Urdu, Hindi, Gujarati and Swahili.

The practice is based in an urban area of Bedford, with the area's deprivation level recorded as being in the fourth most deprived decile. Life expectancy for males, at 78 years, is two years less than CCG average and one year less than national average. Life expectancy for females, at 83 years, is the same as both the CCG and national averages.

The practice age profile differs from that of the England national profile, with younger patients under the age of 18 year and fewer patients over the age of 65 year of age, than both local CCG and national averages.

For example, 28% of the patients were under 18 years of age, with local CCG average of 22% and a national average of 21%. Similarly, only 10% of patients were 65 years or older, compared to 17% in the local CCG and nationally.

The clinical team includes three male GP partners and two female salaried GPs, three practice nurses, a health care assistant and minor illness practitioner. The team is supported by a practice manager and a team of administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract).

The opening times for each site is as follows;

- Queens Park Health Centre is open Monday to Friday from 8.15am until 6.30pm. There is extended opening on Monday, until 7.20pm and Friday until 8pm. The centre closed for lunch between 1pm and 2pm each day.
- The Medical Centre at Goldington is open on Monday to Friday from 8.15am to 1pm. Afternoon opening times is 2pm, with a flexible closing time depending on patient need and availability of staff. The centre closed for lunch between 1pm and 2pm.

An out of hours service, for when the practice is closed, is provided by NHS 111 service. Information about the service is provided on the practice website, the practice leaflet and is displayed on notices boards at each site.

# Detailed findings

## 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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 19 April 2016.

During our inspection we spoke with a range of staff including GP partners, practice nurse, the practice manager and members of the reception and administration team.

We also spoke with eleven patients and representatives from the Patient Participation Group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed 39 completed CQC comment

cards left for us by patients to share their views and experiences of the practice with us. The comment cards were completed at each site and represented the views from patients who attended either location.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. The practice undertook an appropriate investigation of incidents and provided written explanations of action taken, including for example, additional staff awareness or development training where necessary.

For example, following an incident where a member of the public had gained access to the area designated for storage of clinical waste, the practice improved security of storage arrangements.

The practice had identified a designated lead staff member with responsibility for managing the reporting and review systems for serious events and patient safety concerns. This was designed to deliver a consistency of approach and to develop an understanding and awareness of any trends in situations which may be identified.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements 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. A named member of staff was designated a lead for safeguarding. GPs were trained to the appropriate level to manage child safeguarding (level three). All staff we spoke with demonstrated they understood their responsibilities and had received safeguarding training relevant to their roles.
- A notice in the reception area and in clinical areas advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or, where necessary for administrative staff, had been risk assessed and their role was carried out in line with the practice policy. (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 and appeared visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice.
- There were appropriate processes in place for the management of sharps (needles) and clinical waste. The practice had a designated member of staff with lead responsibilities for infection prevention and control. The practice maintained liaison with the local infection prevention teams to keep up to date with best practice. The lead demonstrated a clear understanding of their role. There was an infection control protocol in place, with an infection control audit due to be undertaken. We saw evidence that action had been taken to address any improvements identified as a result of concerns previously identified through infection control audit.
- A programme of infection control update training was in place and staff were in the process of completing this. All of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- Concerns relating to building maintenance and repairs were recorded and reported to NHS England Property Services for action, the practice advised that there was often a delay in work needed to be undertaken.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- The practice had appropriate systems in place to manage staff recruitment. Pre-employment checks had been undertaken, which included reviewing proof of identification documentation, personal and professional references, including satisfactory evidence of conduct in previous employment, and, where required, registration with the appropriate professional body and checks through the Disclosure and Barring Service.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks had been identified the practice responded by completing all the necessary actions and maintained records to demonstrate this. Regular water temperature checks were also completed.
- 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 system in place across all the different staffing groups to ensure that enough staff were on duty.

### 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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency which occurred within the practice.
- Staff had received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had systems in place to ensure that stocks of medicines were regularly reviewed and dates for use recorded. All the medicines we checked during the inspection were in date and stored securely.
- The practice had a business continuity plan in place for major incidents, such as power failure or building damage and included emergency contact numbers for staff to use. The practice manager retained a copy of the plan 'off-site'.

### 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 displayed in the staff area which identified local health and safety representatives. The practice had an up to date fire risk assessment and fire drills were routinely undertaken, we saw evidence that a fire drill had been recently completed.



# 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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

### 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).

At the time of our inspection the most recent published results showed the practice achieved 93% of the total number of points available, with 11% exception reporting within clinical domains. (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's overall exception reporting was similar to the local CCG and the national average of 9%. We found that, in the cases we looked at, the exception reporting was clinically appropriate.

Additional data from 2014/2015 showed that outcomes were slightly higher than local and national averages;

- Performance for diabetes related indicators was similar to the CCG and national averages. 96% of patients on the diabetes register, with a record of an influenza immunisation within the preceding 12 months compared against the CCG average of 95% and the national average of 94%.

- 93% of patients with COPD (Chronic obstructive pulmonary disease) had a review undertaken which included an assessment of breathlessness, in the preceding 12 months, was comparable to the CCG average of 91% and the national average of 90%.
- 90% of patients diagnosed with dementia had received a face to face care review in the last 12 months, compared to the CCG and national average of 84%.
- 90% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to the CCG average of 84% and the national average of 84 %.
- 76% of patients on the asthma register had their care reviewed in the last 12 months, compared to the CCG average of 77% and national average of 75%.

The practice targeted efforts had reduced the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. The practice had recorded 185 unplanned admissions within the preceding 12 months and was reporting on steps to be taken to address this at a forthcoming practice meeting. As part of this, each relevant patient received a care plan based on their individual needs, a named GP and an annual review. There were longer appointments available for patients with a learning disability.

We also found that clinical audits undertaken within the practice had demonstrated improvements to the quality of care and understanding of patients' needs, for example.

- We looked at five clinical audits completed at the practice within the preceding twelve months, some of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Where appropriate the findings from the audits were used by the practice to improve services. For example, the practice completed an audit on the treatment of patients with osteoporosis. (Osteoporosis is a medical condition in which the bones become brittle and fragile from loss of tissue). The practice conducted a thorough search of patients' information on the appropriate registers. They examined the findings to identify those on appropriate treatment and to compare medication reviews, specifically to ensure patients were prescribed bone sparing agents appropriately. The practice found a

# Are services effective?

## (for example, treatment is effective)

number of patients who had not been prescribed medication and had rectified a number of information coding errors. By analysing the results and modifying its approach to the management of these patients, the practice increased the amount of patients on the appropriate form treatment. The practice also ensured accurate identification of patient coding on performance reporting data. The audit is to be repeated and results will be further evaluated to determine continuing performance improvement.

- The practice also routinely participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety, infection prevention and control and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources. The nursing staff had additional experience and training dealing with COPD and diabetes.
- 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 during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis, although some delays to appraisals had been experienced recently.
- Staff received training that included: safeguarding, fire safety awareness, health and safety and basic life support. Most of the training was provided by the use of

an e-learning facility or in-house on a face-to-face basis. The practice embraced the Protected Learning Time initiative and time was provided each month for specific development and practice wide learning opportunities.

### 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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

### 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.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

### Supporting patients to live healthier lives

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



# Are services effective?

(for example, treatment is effective)

- 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 smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice.

The practice's uptake for the cervical screening programme was 71%, which was broadly comparable to the CCG average of 76% and the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

Bowel and breast cancer screening rates were lower than local and national averages.

For example,

- 45% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 60% and the national average of 58%.

- 55% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG average of 74% and the national average of 72%.

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening. The practice had identified that perhaps the younger age profile of its patient list may have impacted on lower attendance rates and have sought to review procedures used to remind patients in an attempt to improve attendance for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 90% to 96%.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children, people with long-term conditions and those over 65 years.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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 area to discuss their needs.

The 39 Care Quality Commission patient comment cards we received were overwhelmingly positive about the service experienced and staff behaviours demonstrated. Some comment cards identified named members of the staff team whom they considered had provided excellent service. The patients we spoke with said they felt the practice offered a very good service and staff treated them with dignity and respect.

We spoke with eleven members of the Patient Participation Group. They also told us they were very satisfied with the care provided by the practice. Patient comments highlighted that staff responded compassionately when they needed help and provided appropriate support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. Some of the outcomes from the survey fell below local and national averages for its satisfaction scores on consultations with GPs and nurses. However, the feedback patients gave us on the day of the inspection, from comment cards and interviews was consistently positive.

For example:

- 81% said the GP was good at listening to them, compared to the CCG average of 87% and national average of 89%.
- 78% said the GP gave them enough time, compared to the CCG average of 86% and the national average 87%.

- 86% said they had confidence and trust in the last GP they saw, compared to the CCG average of 94% and the national average of 95%.
- 76% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average 84% and national average of 85%.
- 83% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average 92% and the national average 91%.
- 85% said they found the receptionists at the practice helpful, compared to the CCG average 88% and the national average of 87%.

The practice had recognised the disappointing results from the patient survey and had considered the impact of the changes to appointment system may have contributed some outcomes. The impact of the new IT software, to assist with patient access to appointments, had yet to be formally evaluated and would need additional time. More broadly the practice displayed a good awareness of the benefits of patient feedback and undertook their own surveys and reviews, often in conjunction with the PPG. Action plans to address areas for improvements were discussed at practice meetings, with a view to improving and monitoring performance.

### Care planning and involvement in decisions about care and treatment

The patients we spoke with and those who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in July 2016 showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Although results for the practice had improved since January 2016, they were still lower than the local CCG and national averages.

For example:

- 77% 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%.

## Are services caring?

- 73% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average 79% and national average 82%.
- 80% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient feedback and survey outcomes were discussed with representatives from the CCG and at practice meetings. The practice had identified steps to address areas with disappointing outcomes, and an action plan developed and implemented.

### **Patient and carer support to cope emotionally with care and treatment**

Directories, packs and leaflets in the patient waiting area informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients on the practice list as carers. This was approximately 1.3% of the practice's patient list.

Information for carers was available in the waiting area which provided information and advice, including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the various avenues of support available to them.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found that depending on the individuals and the circumstances involved, the GPs phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Home visits were available for older patients and patients who would benefit from these.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible toilet facilities for all patients, a hearing loop was provided and translation services including
- The waiting area within the Queens Park Health Centre was shared with other health service providers and could on occasion become busy. The health centre at the Goldington branch was easily accessible and was able to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- The practice provided six week post-natal checks for mothers and their children.

### Access to the service

The Queens Park Health Centre is open Monday to Friday from 8.15am until 6.30pm. There was extended opening on Mondays until 7.20pm each day. The Medical Centre at Goldington was open on Monday to Friday from 8.15am to 1pm. The branch site opened from 2pm, with a flexible closing time depending on patient need and availability of staff. Both sites closed for lunch between 1pm and 2pm.

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

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was generally lower than the local and national averages.

- 65% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and national average of 78%.
- 66% of patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and the national average of 73%.
- 46% of patients said they always or almost always saw or spoke to the GP they preferred compared to the CCG average of 58% and the national average of 59%.
- 93% of patients said the last appointment they got was convenient, compared to the CCG and the national average of 92%.

Whilst the survey results were below the local and national averages, we found that all of the patients we spoke with on the day of inspection and those who left comments for us on the 39 comment cards were positive about access to the practice and appointments. One of the patients we spoke with said there was occasionally a longer wait than they would like to get a pre-bookable appointment.

Where performance fell below the CCG and national average satisfaction score we discussed what the practice had planned to address any concerns. They were aware of the outcomes and had identified steps to be taken, designed to improve performance. For example, the practice had provided information to patients about changes to the appointment system and the negative impact of missed appointments. The practice was also reviewing alternative options to improve access, including possible amendments to facilitate telephone appointments for example.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

### Listening and learning from concerns and complaints

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

- The practice had a formal complaints procedure, which it followed when dealing with concerns presented to it.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; information was available to patients within the waiting areas and was also available on the website.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at the details of three complaints received within the preceding twelve months. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following an incident

where patients with similar names were in the practice at the same time and one patient's appointment was initially overlooked. A review of appointment recording and calling patients into the consultation was undertaken and reminders issued to GPs to ensure they checked the patients' identity before each consultation.

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

- The practice had a mission statement in which it aimed to provide high quality and accessible care in a safe and friendly manner to enhance the health and lives of its patients.
- The practice did not have a structured, formal written business plan in place. Possible developments were raised and discussed at practice meetings and issued noted for action and resolution as required throughout the year.

### Governance arrangements

The practice had a governance framework which supported the delivery of their mission statement and the provision of good quality care. The structures and procedures in place at the practice were designed to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff we spoke with were clear about the management and governance structure in place at the practice.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, good quality and compassionate care. The partners were visible in the practice and staff told

us they were approachable and always took the time to listen to all members of staff. Decision making responsibilities were clear and supported by structured framework for meetings within the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- They 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.

- There was a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. Staff were appropriately 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.
- There were named members of staff in lead roles. For example, the practice had nominated leads for safeguarding, patients with diabetes, learning disabilities, mental health issues and dementia. There were also nurse led clinics for patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through complaints received. The PPG met regularly and its main focus at the time of our inspection was to increase the size of the group before developing more specific objectives for the future.
- The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

The practice had discussed plans for future development including the introduction of telephone consultations and 'call-backs' by the GPs.

The practice team was forward thinking and was working with the local CCG to improve and develop service delivery for patients, for examples GPs had participated in specialist education events.