

Dr Sajid Mehmood

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 Dr Sajid Mehmood's practice on 07 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care showed that 98% of patients stating they had confidence and trust in the last GP they saw.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had clinical and managerial leadership and governance arrangements in place.

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

- Ensure complaints forms are readily available to patients.

Summary of findings

- Consider a documented business plan to assist with the management and strategic development of the practice.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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 things went wrong patients received appropriate support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. However, the practice should ensure complaint forms are readily available to patients.
- The practice had 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.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally above average compared to local and national averages. For example, 92% of patients diagnosed with dementia had received a face-to-face review of their care in the previous 12 months, compared to 81% in the local Clinical Commissioning Group area the England average of 84%
- 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 all staff.

Good



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 that patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 86% of patients described their overall experience of the practice as good or fairly good, compared to the local CCG average of 79% and the national average of 85%.
- 92% of patients said they were treated with care and concern the last time they saw a GP, compared to the CCG average of 80% and the national average of 85%.
- Feedback from the 32 completed CQC comment cards was consistently positive. Patients told us they were impressed by the attitude and approach of the staff.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- 94% of patients said the receptionist at the practice were helpful, compared with the CCG average of 84% and a national average of 87%.
- 79% of patients described their experience of making an appointment as good, compared to the CCG average of 66% and national average of 73%.
- Patients can access appointments and services in a way and at a time that suits them.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available by asking reception staff but was not available in the waiting area. The practice responded appropriately when issues were raised. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However, the practice should consider a documented business plan to assist with the management and strategic development of the practice.
- There was a clear leadership structure and staff felt supported by management.
- The practice had of policies and procedures in place to govern activity and held regular management meetings.
- The provider was aware of and complied with the requirements of the duty of candour, a culture of openness and honesty was encouraged.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels, with positive engagement with staff.
- The practice gathered feedback from patients, and it had a patient participation group which influenced practice development.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice register shows that approximately 8% of patients were aged over 65 years at the time of our inspection.
- Older people had access to targeted immunisations such as the flu vaccine.
- Patients over 75 years of age had a named GP and patients discharged from hospital were contacted to check on their situation and health condition.

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.
- 99% of the patients on the diabetes register had received an influenza immunization in the period from 1 August to 31 March 2015, compared to 93% within the CCG and the national average of 94%.
- 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 patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- 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 comparable with local CCG and national averages 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.
- Latest results show that 79% of women aged between 25 - 64 years of age had been performed a cervical screening test in the preceding five years, which was above the CCG average of 69% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- 48% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 51% locally and 58% nationally.
- 65% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 71% locally and 72% nationally.
- The practice had added telephone consultations for patients unable to attend the surgery.
- There were additional appointments available to meet the needs of working age patients, where the practice offered extended opening hours until 7.30pm on Tuesday evenings.

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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers (approximately 2% of the practice list).

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).

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 81% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results, published in January and July 2016, showed that the practice recorded outcomes above local and national averages for many of the elements in the survey.

In January 396 survey forms were distributed and 93 were returned. This was a 23% response rate. For July 2016, 353 surveys were issued, with 100 completed and returned, this was a 28% completion rate. The number of completed forms in each survey represented approximately 3% of the practice's patient list. Outcomes for July 2016 demonstrated;

- 92% 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%.
- 89% 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 79% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 87% 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 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 completed comment cards which were all positive about the standard of care received. Two of the cards, whilst containing positive feedback also included comments about difficulty accessing appointments and treatment. However, the significant majority of the cards identified excellent service delivered by polite and helpful staff.

We spoke with five patients and members of the Patient Participation Group during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Friends and Family Test (FFT) was introduced at the practice in the year ending March 2015, with approximately 246 written responses received from patients to date. Information about the outcomes of the FFT was available on the practice website, the majority of respondents reported that they were 'extremely likely' to recommend the practice. The FFT provides an opportunity for people who use NHS services to have the opportunity to provide feedback on their experience.

Areas for improvement

Action the service SHOULD take to improve

- Ensure complaints and patient comment forms are readily available to patients.

- Consider a documented business plan to assist with the management and strategic development of the practice.

Dr Sajid Mehmood

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a GP specialist adviser and was led by a CQC Inspector.

Background to Dr Sajid Mehmood

Dr Sajid Mehmood's practice is also known as Neville Road Surgery and is part of the NHS England and Luton Clinical Commissioning Group (CCG).

The practice is registered with the CQC to provide the following activities:

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

All services are provided from one registered location at 5 Neville Road, Luton, LU3 2JG.

The practice provides services under the auspices of a General Medical Services (GMS) contract (a GMS contract is agreed nationally between NHS England and a GP practice).

The practice is located in a small commercial building, facilities for patients include a graduated access ramp for the main entrance, toilets and baby changing facilities are also provided.

The combined reception and waiting areas are located on the ground floor and are bright and open plan. The reception area is equipped with an electronic patient

arrival registration screen and a hearing loop. Consultation and treatments rooms are located on the ground floor. Administration and management offices and meeting rooms are provided on the first floor.

The practice is located in a suburb of Luton. There is public transport available linking the practice to surrounding housing and major roads to the town centre. Car parking is available in adjacent roads.

According to national data the area falls in the 'fifth least deprived decile' and is one of average deprivation. At 78 years the average life expectancy for male patients living in the area is the same as the local CCG average and one year lower than the national average of 79 years. Life expectancy for female patients at the practice and the CCG area was 82 years, while the national average is 83 years.

At the time of our inspection the practice had approximately 2,941 registered patients.

The age profile of the patient group differed from that of the CCG and the England average. Data shows that 31% of patients at the practice were less than 18 years of age, where the CCG average was 26% and the national average 21%. The practice patient group aged 65 years and over was approximately 8%, compared to the CCG average of 12% and the national average of 17%.

Dr Sajid Mehmood is the principle GP Partner and the practice employs one other regular locum GP, who is female. There is a practice nurse and a health care assistant.

Administration and management is provided by the Practice Manager and a team of administrators and reception staff.

The practice offers appointments and services to meet the requirements of its patients as follows;

Detailed findings

The reception is open from 8:30am to 1pm and from 2.30pm to 6.30pm on Mondays, Thursdays and Fridays. On Tuesdays the practice offered extended hours, and is open from 8:30am to 1pm and from 2.30pm to 7.30pm. On Wednesdays the practice is open from 8.30 and closed at 1pm. Appointments are available during these times.

Appointments can be booked up to four weeks in advance, with urgent and emergency appointments are available on the same day. For the urgent appointments patients are advised consultations may be with the duty doctor rather than their preferred, or usual, GP.

Out-of-Hours emergency services are available via NHS 111. This service is available from 6.30pm to 8.00am 7 days a week. Information about the provision of services was available on the practice website, via leaflets and posters on display within the practice and by recorded message on the practice telephone system. Calls to the practice during the out of hours period were directed to the Out-of-Hours 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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 07 June 2016.

During our visit we:

- Spoke with a range of staff including the GP, practice manager, nurse and members of the reception and administration team. We also spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received appropriate support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety and MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

The practice had identified a designated lead staff member with responsibility for managing the reporting and review of systems for serious events and patient safety concerns. This was designed to deliver a consistent approach and to develop an understanding and awareness of any trends identified when incidents occurred.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were named members of staff with responsibilities for leading on safeguarding matters at the practice. The GP attended safeguarding meetings if possible and provided reports where necessary for other agencies.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice had a named GP with lead responsibility for child and adult safeguarding. Up-to-date safeguarding information was maintained and displayed in treatment and consultation rooms. GPs were trained to the appropriate level to manage child (level three) and adult safeguarding, with other staff trained to levels appropriate to their role. Refresher training was delivered on an annual basis.
- Notices displayed in the waiting area and in clinical rooms 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. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine 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 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 and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with information posters on display, which identified local health and safety representatives.
- The practice had up-to-date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty to deliver services to patients. The practice had appropriate arrangements in place to manage staff absence for holidays and training and made use of appropriate locum cover when required.

- The administration staff worked well together and the practice had worked hard to develop a supportive team environment. This provided all of the staff with a better understanding of their work and ensured the practice had suitably trained and motivated staff to cover during holiday or other absences and at peak times of business.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- On the day of our inspection the practice did not have a defibrillator on site; however they had a risk assessment in place and appropriate arrangements in place to deal with emergency situations. Following the inspection, the practice told us that they had purchased their own defibrillator with adult and paediatric pads. They had oxygen, with adult and children's masks, and a pulse oximeter available on the premises. A first aid kit and accident book was 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 business continuity plan in place to deal with service disruption caused by incidents such as power failure or building damage. The plan included emergency contact numbers for staff, with a copy available 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 94% of the total number of points available. The local CCG average was 91% and the national average was 95%.

The practice achieved this result with an overall level of 11% exception reporting which was higher than local and national average of 9%. (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). However, we were satisfied that exceptions recorded were compatible with appropriate medical considerations.

Data from 2014/2015 showed:

Performance for diabetes related indicators was above both local and national averages.

- For example, the practice scored 99% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2014 to 31 March 2015, with an exception reporting rate of 29%. This was higher than the local CCG average of 93% (exception reporting 17%) and the national average of 94% with exception reporting of 18%.

- Other performance measures identified the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 67%, with exception reporting rate of 16%, compared to the local CCG average of 77% (exception reporting 10%) and the national average of 81%, with exception reporting of 12%.
- The practice had provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.

When comparing performance for mental health related indicators the practice again achieved positive results in the range of outcomes within the individual measures.

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2014 to 31 March 2015) was 100%, with an exception reporting rate of 23%. The CCG average was 88% (exception reporting 8%) and national average was 90% with an exception reporting rate of 10%.
- For another measure, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2014 to 31 March 2015) was 94%, with an exception reporting rate of 23%. The CCG average was 87% (exception reporting 11%) and national average was 88% with an exception reporting rate of 13%.
- For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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
- 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 and, where appropriate, clinical supervision and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice supported the attendance of staff at regular 'protected learning time' events.

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.

- 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, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

These included patients considered to be in the last 12 months of their lives, carers, people that are homeless, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.

For example;

- Smoking cessation advice was provided by the nursing team.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

The practice's uptake for the cervical screening programme was 79%, which is above the CCG average of 69% and the national average of 74%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending reminders to patients who had not responded to the initial invitation. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates were broadly comparable with local CCG and national averages. For example:

- Data showed 48% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 51% locally and 58% nationally.

The level for breast cancer screening was lower than CCG and national averages;

- Data showed 65% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 71% locally and 72% nationally.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

Childhood immunisation rates for the vaccinations given were comparable to both the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 98% and five year olds from 93% to 98%.

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 of age. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some cards identified individual staff members by name as providing exceptional care.

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

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was higher than local and national averages for some of its satisfaction scores on consultations with GPs and nurses.

For example:

- 91% 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%.
- 82% of patients said the GP gave them enough time, compared to the CCG average of 83% and the national average of 87%.
- 93% 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%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 80% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Outcomes were generally higher than local and national averages. For example;

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 84% 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%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

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's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers (approximately 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- There were longer appointments available for patients with a learning disability.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities to assist patients who were less able, such as a ramp for the main entrance and a hearing loop and translation services.

Access to the service

The practice is open from 8:30am to 1pm and from 2.30pm to 6.30pm on Mondays, Thursdays and Fridays. On Tuesdays the practice offered extended hours, and is open from 8:30am to 1pm and from 2.30pm to 7.30pm. On Wednesdays the practice is open from 8.30 and closed at 1pm. Appointments are available during these times. In addition to pre-bookable appointments were available up to four weeks in advance, urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than both local and national averages for one measure and similar with another;

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 92% 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 appointments when they needed them.

The practice had a system in place to assess:

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

The practice told us that they had installed an automated information and queuing system on the telephone network to improve the patient experience. This was in response to feedback from the PPG and local survey outcomes. The practice told us that they continued to review telephone access into the practice and anticipated an improvement in these results once the new telephone system had been in operation for a longer period. Patients we spoke to on the day of the inspection told us they were able to get appointments when they needed them.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found all of these had been dealt with in a timely way. Information about the complaint and concerns was discussed at practice meetings with lessons learnt shared across the practice as appropriate to improve the quality of care.

For example, in response to concerns about telephone access to the practice and booking appointments, the practice had made significant changes to their telephone management system. An electronic registration screen was available to ease patient waiting times at the reception desk and an on-line appointment booking system had increased the range of appointments accessible to patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff knew and understood the values.
- The practice held regular meetings to plan, monitor and manage the service, which reflected the vision and values of the practice.

The practice did not have a formal written strategy or supporting business plans. Instead developmental options were discussed at meetings and noted in the minutes as appropriate.

Governance arrangements

The practice had a management framework which supported the delivery of their vision to provide good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via a shared drive on the computer system.
- A comprehensive understanding of the performance of the practice was maintained by regular monitoring and evaluation of performance across a range of performance indicators.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP and manager in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.

The practice encouraged a culture of openness and honesty. Systems were in place to ensure that when things went wrong with care and treatment:

- People who were affected were provided with reasonable support, information and a verbal and written apology where appropriate.
- Records of concerns and complaints were appropriately maintained. .

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.
- The practice also held informal social events for staff.
- Staff said they felt respected, valued and supported, particularly by the lead GP and members of the senior management in the practice.
- Staff were involved in discussions about how to develop the practice and encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice benefitted from an active and engaged membership on their PPG which had contributed to a number of new initiatives and improvements to the patient experience.

Are services well-led?

Good 

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

- The friends and family test was introduced at the practice in the year ending March 2015, with approximately 246 written responses received from patients.
- The practice told us that they had made improvements to the telephone system as a result of patient feedback, had installed a television information screen in the waiting area and was in the process of introducing a practice newsletter.
- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

The practice team was forward thinking and participated in schemes to improve outcomes for patients in the area. For example;

- Participation with the electronic transmission of prescriptions (ETP)

The practice had worked to introduce more efficient use of technology. For example;

- Telephone system to improve management of telephone enquiries and recording calls.
- Text message reminders for appointments.
- Patient display and check-in screen.
- Online access for appointments, ordering of repeat medicines and review of medical records.

The practice had clear principles for engagement with development and learning opportunities across all staff groups and roles.