

Eastgate Surgery

Quality Report

Eastgate House
Dunstable
Central Bedfordshire
LU5 4RU
Tel: 01582670050
Website: www.eastgatesurgery.co.uk

Date of inspection visit: 7 June 2016
Date of publication: 02/12/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Eastgate Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eastgate Surgery on 7 June 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 assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice monitored performance using 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). We saw evidence of progress in performance as a result of regular monitoring and improvement work.

- The practice nurse had developed a diary for newly diagnosed diabetes patients to use to support and help them to understand and manage their condition.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and 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.

Summary of findings

- All Care Quality Commission comment cards 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had higher than local and national averages for patient feedback.

We saw one area of outstanding practice:

- The practice had a number of patients aged over 100 years and they had been visited on their 100th birthday by the doctor and practice matron with flowers and cards.

The areas where the provider should make improvement are:

- Carry out fire drills on a regular basis.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, an explanation and a written apology. 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.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.
- The practice had undertaken risk assessments including fire safety but did not undertake regular fire drills.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Staff assessed needs to deliver effective care and treatment.
- Clinical audits demonstrated quality improvement.
- The practice nurse had developed a diary for newly diagnosed diabetes patients to use to support and help them to understand and manage their condition.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).

Summary of findings

- The practice encouraged patients to attend national screening programmes for cervical, breast and bowel cancer.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients who had reached the age of 100 were visited by the GP and practice matron with flowers and cards on the occasion of their birthday.
- The practice had identified 2% of patients as carers.
- The practice recognised the needs of patients who were carers. The practice offered support and information to carers, which directed them to relevant organisations and told them about the range of benefits and support that were available locally, including details about social care assessments and local agencies that provide support and bereavement services.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with same day emergency appointments were available.
- Information about how to complain was available and easy to understand.
- The practice had a policy for dealing with written and verbal complaints, however, no complaints had been received within the previous twelve months.
- The practice had enrolled in the Electronic Prescribing Service (EPS).
- The practice offered extended hours appointments two evenings each week and early morning appointments for blood tests.
- Routine appointments could be booked in person, by telephone or online.
- Telephone consultations were available each day as were home visits for those who were unable to attend the practice.

Good



Summary of findings

- The practice had suitable facilities and was equipped to treat patients and meet their needs.
- The practice had considered the needs of patients with physical and or sensory impairment and the premises were suitable to meet their needs.
- Translation services were available if needed.
- Information about the practice services such as how to access services when the practice was closed was easily accessible.

Are services well-led?

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

- The practice had a clear vision and strategy to provide a responsive service for all its patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.
- The practice had suitable governance systems in place to review and monitor the safety and quality of services. Risks to the health, safety and welfare of patients were assessed and monitored through a systems of reviewed and audits.
- There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were practice specific and were reviewed regularly to ensure that they reflected current legislation and guidance.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GP and practice matron undertook home visits and conducted ward rounds in local care homes. Patients needs were assessed and referrals made to other community agencies, when and where appropriate. Seasonal vaccinations were offered and given at home if necessary.
- Discharged patients were monitored regularly and if an elderly patient had not been seen recently, they would be contacted by phone, particularly during the winter months. They were offered health checks along with dementia screening.
- Patients who had reached the age of 100 were visited by the GP and practice matron with flowers and cards on the occasion of their birthday.
- The practice matron and GP worked closely with families of older patients giving reassurance, guidance and support to help them make the right choices with and for their elderly relative.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 75%, where the CCG average was 77% and the national average was 78%. Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice nurse had developed a diary for newly diagnosed diabetes patients to use to support and help them to understand and manage their condition.
- Patients with these conditions were invited to attend for annual or six monthly checks as appropriate for their conditions.
- All patients in this group were offered flu vaccinations at appropriate times. Poor attenders could be given review checks and seasonal vaccinations opportunistically.
- Telephone consultations were offered where appropriate.
- The practice worked closely with other community staff as required to direct patients to voluntary, medical and social services to improve their quality of life. For example pulmonary rehabilitation and the community diabetes team.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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 84%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Teenagers were given any vaccinations that may have been missed at school, in the surgery and all first year university students were offered the meningitis vaccine.
- Health checks were offered to all 16 year old patients and contraception and chlamydia screening for all those young patients who were sexually active.

Good



Summary of findings

- Maternity services including 25 week/post-natal checks and whooping cough boosters were all available to pregnant women.
- Ante-natal clinics were held on alternate Tuesdays by a community midwife in the surgery.

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 a 'Commuter's Clinic' twice weekly from 6.30pm to 7.15pm for patients who could not attend during normal opening hours.
- 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.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice offered health checks to all new patients for everyone over the age of 16 and above and those aged 40 -74 years, these included blood tests.
- Extended hours appointments were available on Tuesdays and Thursdays, to accommodate this group of patients and others. The practice offered early morning appointments for blood tests and clinical checks for the working patients
- On-line services were available for booking appointments and requesting prescriptions and the practice offered an electronic prescription service which enabled patients to collect medication from a chemist of patients choice.
- Telephone consultations were available, so that results can be discussed over the phone without patients having to attend a face to face appointment.
- Blood pressure readings are taken opportunistically and the practice encouraged the use of the surgery health check area, whereby patients were able to check their own blood pressure.
- Students who return home for the holidays were accommodated as temporary residents, should they require medical care.

Good



Summary of findings

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



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a register for carers, they had identified 2% of the practice list as carers. The practice made efforts to identify and support carers in their population.
- 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.
- Regular health checks were carried out for patients with learning disabilities. The practice had a telephone reminder system to support this group of patients to attend.
- An emergency line which gave direct access to the surgery if the main phone is busy was available to these patients.
- All identified vulnerable patients were referred to other agencies or voluntary services if appropriate.
- Patients with drug and or alcohol dependencies could be referred to Path 2 Recovery including on the day referrals if necessary.

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).

Good



- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 91% where the CCG average was 86% and national average was 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 carried out advance care planning for patients with dementia.

Summary of findings

- Performance for mental health related indicators were above or in line with local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% where the CCG and national averages were 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients suffering from depression were assessed regularly and reviewed. The practice liaised closely with local community mental health teams to ensure that appropriate referrals and timely care was given. Patients were advised to self-refer for counselling to SORTED, a free and confidential counselling service for young people aged between 10 and 25 years who live in central Bedfordshire. Adults were advised to self-refer to the East London NHS Foundation Trust (ELFT) counselling service.
- Dementia screening was offered, including ECG and bloods, prior to referral to secondary care where necessary.
- Patients and carers were offered support and signposting to relevant organisations, for example, Age Concern, Alzheimer's Society, clubs and support groups for both patients and carers.
- Joint visits were arranged with Social Services to support patients and their families.

Summary of findings

What people who use the service say

The national GP patient survey results published July 2016 showed the practice was performing above local and national averages. 256 survey forms were distributed and 100 were returned. This represented a response rate of 39% and represented 4% of the practice's total patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% 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 77% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 90% 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 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards where patients and members of the public shared their views and experiences of the service. The comments were all positive about the standard of care received. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Carry out fire drills on a regular basis.

Outstanding practice

We saw one area of outstanding practice:

- The practice had a number of patients aged over 100 years and they had been visited on their 100th birthday by the lead GP and practice matron with flowers and cards.

Eastgate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Eastgate Surgery

Eastgate Surgery was established in 1997 is based in the town centre of Dunstable and provides services from a two storey building on Church Street. There is a large car park adjacent to the practice and disabled access is available via the rear of the building.

The practice serves a population of approximately 2,650 patients with an average population age range. National data indicates the area served is one of lower than average deprivation in comparison to England as a whole.

The clinical team consists of one male GP partner, two male salaried GPs, a practice matron, a practice nurse and a health care assistant (HCA). The team is supported by a practice manager and a team of administrative staff.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

Eastgate Surgery is open between 8.30am and 6.30pm Mondays, Tuesdays, Thursdays and Fridays and on Wednesdays between 8.30am and 12pm. Appointments are offered between 9am and 12pm and 4.30pm to 6.30pm on Mondays and Fridays, and Wednesdays between 9.00am and 12pm. The practice has an arrangement with a

neighbouring surgery where patients can be seen on Wednesday afternoons if necessary. On Tuesdays and Thursdays extended opening hours appointments are available until 7.15pm.

When the practice is closed the out of hours service is provided by Care UK for patients requiring the services of a GP. Information about this is available in the practice and on the practice leaflet, website and telephone line.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 7 June 2016. During our inspection we:

- Spoke with a range of staff, GPs, the practice manager, nurses and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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 support, an explanation and a written apology and were told about actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We saw evidence of this including minutes of meetings where events were discussed and learning points noted and actions allocated.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety 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. Alerts received by the practice had safety and risk information regarding medicines and/or equipment. We saw evidence that where applicable, the practice had undertaken a review of patients prescribed medicines and where necessary considered the withdrawal of medication from use in patients where potential side effects or risks were indicated. All safety related alerts and information was kept and accessible to relevant staff to refer to and use as needed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when 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 roles. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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.
- Medicines were stored securely and only accessible to relevant staff. Prescription stationery was securely stored and there were systems in place to monitor their use and minimise the risk of misuse. All medicines we saw were within their expiry date.
- 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 Bedfordshire CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in

Are services safe?

line with legislation. The health care assistant (HCA) was trained to administer vaccines and medicines against a patient specific direction (PSD) or direction from a prescriber.

- There were protocols in place for handling and storing medicines such as vaccines which required cold storage. These procedures were followed by staff and medicines were stored appropriately.
- We reviewed five 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

- There were procedures in place for monitoring and managing risks to patients and staff safety. These included a health and safety policy and a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were assessments in place to monitor the risks in relation to control of substances hazardous to health (COSHH) such as cleaning materials and cleaning schedules.
- There was a fire safety policy and an annual fire safety risk assessment was carried out. The practice had fire alarm systems and fire safety equipment. Checks were carried out to ensure that fire safety extinguishers and the smoke detectors were working. Fire exits were clearly signposted and a fire evacuation procedure was displayed in areas within the practice. Regular fire evacuation drills were not routinely carried out, although staff we spoke to were aware of evacuation procedures for themselves and patients in a fire emergency.
- Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. All electrical equipment was checked to ensure that it was safe to use and was last checked in November 2015.

- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs and staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a first aid kit and an accident book. There was oxygen with adult and child masks. The practice did not have an automated external defibrillator (AED) but had carried out a comprehensive risk assessment to mitigate any risk, including ensuring that all staff had received basic life support training and were aware of the location of the nearest defibrillator in a neighbouring practice.
- All staff who we spoke with were able to demonstrate that they understood their roles and responsibilities in relation to dealing with medical emergencies.
- The practice had a range of medicines for use in the event of a medical emergency. These included medicines to treat anaphylaxis, exacerbation of asthma and medical incidents such as cardiac arrest.
- The practice had a business continuity plan in place for major incidents which could affect the day to day running of the practice. This was service specific and included the details of the arrangements in place for example if staff could not access the premises or the day to day running of the practice was disrupted due power or other systems failures. The plan was accessible to staff, regularly reviewed and revised where required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice GPs kept up to date with, referred to, and used relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. These were used routinely in the assessment and treatment of patients to ensure that treatment was delivered to meet individual's needs.

- 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 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data published for 2015/16 showed:

Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example,

- The percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 75%, where the CCG average was 77% and the national average was 78%. Exception reporting for this indicator was 13% the same as the CCG and national averages of. (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).

Performance for mental health related indicators was generally higher than the local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% where the CCG and national averages of 89%. Exception reporting for this indicator was 0% compared to the CCG average of 15% and national average of 13%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was comparable to the CCG and national averages were 83%. Exception reporting for this indicator was 6% compared to the CCG and national averages of 4%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, we saw evidence of completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included for example, an audit undertaken for patients suffering from asthma. The audit looked at overuse of specific inhalers, patients who may not be using steroid inhalers to the best effect, numbers of patients who had been admitted to hospital and those who did not have a self-management plan in place. The practice team put in place a system to ensure review of patients with high numbers of repeat prescriptions, and inhaler technique monitoring including grading inhaler technique. These actions demonstrated the practice's efforts to engage and educate patients to ensure they were receiving appropriate treatment.

Findings were used by the practice to improve services. For example, an audit undertaken of antibiotic prescribing to identify the appropriateness of the treatment. Of the 58 prescriptions issued, 53% were not in accordance with guidelines and as a result the GPs met with the CCG prescribing lead and developed new processes. These included information in each consulting room to highlight managing common infections and an educational leaflet for patients entitled 'When should I worry'. The practice told us they planned to repeat this audit to establish the changes and ensure continued improvement.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice matron had a specific interest in diabetes and had undertaken training both locally and through national conferences and study days.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All 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.

Coordinating patient care and information sharing

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

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

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

The practice monitored unplanned admissions and the practice manager checked all cases and reported these to the GP or the practice matron to facilitate follow up appointments or visits if required. Patients who attended walk in centres during normal surgery hours were contacted to remind them of the services offered by the practice.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation or referrals to addiction support agencies were signposted to the relevant service.
- Nurses and the health care assistant provided smoking cessation advice to patients with the option to refer patients to local support groups.

Are services effective?

(for example, treatment is effective)

- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice provided contraceptive advice, including fitting of intra-uterine devices (coils) and implants.
- Health checks were offered to all patients over the age of 16 years and contraception and chlamydia screening for those young people who were sexually active.
- All patients over 75 had a named GP.
- Patients who were regularly admitted to the hospital were put on an admissions avoidance register and each had a personal care plan as an aid to keep the patient supported and their individual medical needs met. An emergency line which gave direct access to the surgery if the main phone is busy was available to these patients.

The practice's uptake for the cervical screening programme was 84% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

- 59% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 56% and the national average was 58%.
- 84% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and the national average was 72%.

Childhood immunisation rates for vaccinations given were higher than the CCG and national averages for children under two years old and comparable for five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% (CCG averages 94% to 97%, national averages 73% to 95%) and five year olds from 75% to 100% (CCG averages 91% to 98%, national averages 81% to 95%).

In addition, teenagers were given vaccinations that were missed at school, in the surgery and all new university students were offered meningitis immunisations. Whooping cough boosters were offered to pregnant women.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients over 75 years old and NHS health checks for patients aged 40-74 years. At the time of our inspection for the period April 2015 to March 2016 the practice had completed 346 (31%) eligible 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 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 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for 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 87% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients 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%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had a number of patients aged over 100 years and they had been visited on their 100th birthday by the doctor and practice matron with flowers and cards.

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 in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% 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 and reception staff told us how they would access support for patients if needed.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice staff ensured that carers were aware of what information and support was available to them, for example, attendance allowance and the Carers' Grant.

- The practice offered home visits alongside the Macmillan & community nurses to patients suffering from cancer to ensure that their symptoms were being managed according to their health needs. The practice matron and GP worked closely with families to reassure, guide and support them in making the right choices for their elderly relative.
- The GP and practice matron regularly visited patients who were nearing the end of their life offering both medical and emotional support for both the patient and their immediate family including bereavement support following the death of the patient.

Staff told us that if families had suffered bereavement, either the GP and/or the community matron would visit them. At this time the family would be offered advice on how to find a support service if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday evenings until 7.15pm for patients who could not attend during normal opening hours.
- 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, but not those available privately. However if a patient required a vaccination urgently the practice would do this and they gave an example where this had happened.
- There were disabled facilities, a hearing loop and translation services available.
- Blood pressure readings were taken opportunistically and patients were encouraged to use the surgery health check area where they could check their own blood pressure.
- The practice nurse had developed a diary for newly diagnosed diabetes patients to support them and help them to understand and manage their condition. Patients with drug or alcohol dependencies were referred to the Path 2 Recovery service and urgent appointments could be made by the clinicians to ensure that the patient had access to the help they required.
- Patients who were over 75 years of age who suffered from long-term conditions were under the care of the practice matron and were visited by both the practice matron and the GP including those patients in care homes. Their needs were assessed and other agencies are referred to, when and where appropriate. Seasonal vaccinations were all offered at home if necessary.
- Discharged patients were monitored regularly and if an elderly patient had not been seen at the practice for a while, they would be contacted by phone, particularly during the winter months. They were offered health checks and dementia screening.
- Patients with these conditions were invited to attend for annual or six monthly checks as appropriate for their conditions. All are offered flu vaccinations at appropriate times. Poor attenders will be given checks and flu vaccinations opportunistically. We review patients with the results and this includes medication reviews.
- The practice clinical team worked closely with the community teams and as required would direct patients to voluntary, medical or social services to improve their quality of life. For example, pulmonary rehabilitation and the community diabetes team.
- The practice held a register of patients with learning disabilities. Regular health checks were carried out for those patients, they would be contacted by telephone to remind them of appointments and at the time of inspection nine out of the 19 patients had received a review this year.
- All vulnerable patients needs were assessed and could be referred to other agencies or voluntary services if appropriate.
- Patients suffering from depression were assessed using recognised methods and were regularly reviewed. The practice liaised with the local community mental health team and the community psychiatric nurse to ensure that appropriate referrals were completed and timely care was given. Patients were advised to self-refer for counselling to SORTED, a free and confidential counselling service for young people aged between 10 and 25 years who live in central Bedfordshire. Adults were advised to self-refer to the East London NHS Foundation Trust (ELFT) counselling service. The practice staff told us that they spent a lot of time listening to patients and supporting them through their difficult times to ensure that they would know where to seek help in a crisis.
- Dementia screening was offered, including ECG and bloods, prior to referral to secondary care and we saw evidence that patient and carers were given support following diagnosis, including directing them to Age Concern, Alzheimer's Society, clubs and support groups for both patients and carers.

Are services responsive to people's needs?

(for example, to feedback?)

- Home visits were arranged with social services to maintain appropriate care levels and arrange for medications to be supplied in blister packs to assist patients and their carers.
- Patients with long term health conditions were offered appointments for annual or six monthly checks as appropriate for their conditions. All were offered flu vaccinations and any patients who did not attend their appointment were given checks and seasonal vaccinations opportunistically.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Students who returned home for the holidays were registered as temporary residents, should they require any medical care.
- The practice provided step free ramp access at the rear of the building.

Access to the service

Eastgate Surgery was open between 8.30am and 6.30pm Mondays, Tuesdays, Thursdays and Fridays and on Wednesdays between 8.30am and 12pm. Appointments were offered between 9am and 12pm and 4.30pm to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays, and Wednesdays between 9am and 12pm. The practice had an arrangement with a neighbouring surgery where patients could be seen on Wednesday afternoons. On Tuesdays and Thursdays extended hours appointments were available until 7.15pm.

Appointments were available to book online, in person or via the telephone. In addition the practice offered some pre-bookable appointments that could be booked up to six weeks in advance. The practice offered telephone consultations for patients who did not require a face to face appointment and urgent appointments were also available for people that needed them.

When the practice is closed the out of hours service is provided by Care UK for patients requiring the services of a GP. Information about this is available in the practice and on the practice leaflet, website and telephone line.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% 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.

All home visit requests were triaged by the practice matron and where necessary or appropriate both the GP and the practice matron would undertake home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a 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.

Written information was readily available to help patients to understand the complaints procedure. Patients we spoke with were aware of the process to follow if they wished to make a complaint and those we spoke with said that they felt confident that their concerns would be taken seriously, investigated and resolved.

No written and verbal complaints had been received within the previous twelve months, however we saw a policy which showed the practice had a process where complaints would be acknowledged, investigated and responded to within the complaints procedure timeline. The process detailed that complaint responses would include information about how the complainant could escalate their complaints should they remain dissatisfied with the outcome or how their complaint was handled. The practice told us that learning from complaints would be discussed and shared with staff at practice meetings.

Are services responsive to people's needs?

(for example, to feedback?)

We were unable to fully evidence the process for complaints due to the lack of complaints received.

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 was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment

- The practice gave affected people reasonable support, an explanation and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice 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, the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year and information was shared from the practice and the PPG members fed back from wider locality PPG meetings.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.