

Dr Fenske and Partners

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 Fenske & Partners on 17 May 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.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

- Develop systems to identify and support more carers in their patient population.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, an explanation of events, 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 medication and infection control.

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 at or above average compared to the national average.
- 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.
- 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).
- The practice was proactive in encouraging 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.

Good



Summary of findings

- Data from the national GP patient survey published in January 2016 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.
- We observed a strong patient-centred culture and evidence that the staff had made efforts to ensure patient care was not compromised during a period of extreme disruption in the practices' own staffing levels.
- The practice offered support to homeless patients in the locality. A GP provided a weekly early morning clinic at a night shelter for the homeless. A practice nurse attended the Prebend Day Centre for the homeless on two mornings every week.
- The practice worked with the patient participation group (PPG) to offer support to vulnerable patients, in particular the frail elderly and isolated. This included coffee mornings, health walks and a flu day at a church hall. The flu day aimed to encourage patients to receive vaccinations whilst also making them aware of the importance of the blood pressure monitoring services and the social support avenues available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice held multi-disciplinary team (MDT) meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admission.
- The practice had provided support for over 18 years to homeless people in its locality and maintained a register for these patients where possible.
- Patients said they were able to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had opened a branch surgery in October 2014 in an area of higher than average deprivation to provide additional health care resources to the community. In particular to address the needs of vulnerable adults and children living in this area.
- Appointments were available on Tuesday evenings and Saturday mornings with GPs and nurses for patients who could not attend during normal working hours.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a practice ethos which was displayed in the waiting areas and staff knew and understood the values. This emphasised a patient-centric approach to providing good quality, ethical care.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice was led by the team of GP partners who had an open, collaborative and informal management style which supported the delivery of the practice strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 and had given valuable support to the practice.
- There was a strong focus on continuous learning and improvement at all levels.

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, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided influenza, pneumonia and shingles vaccinations.
- The patient participation group (PPG) was active and were involved in organising numerous events throughout the year to support patients. This included coffee mornings for elderly and isolated patients. We saw that the PPG had organised a flu day at a local church hall, encouraging patients to receive vaccinations and incorporating blood pressure monitoring services as well as social support.

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 national average. 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 74%, where the CCG average was 76% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured six monthly or 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.

Summary of findings

Families, children and young people

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

Good



- 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.
- The practice had a system to alert clinicians to children at risk, including those that have a child protection plan in place.
- 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 80%, 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.
- The practice hosted a midwife clinic and carried out antenatal and postnatal checks.

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).

Good



- 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 provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice was proactive in offering on line services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Pre-bookable appointments were available on Tuesday evenings between 6.30pm and 7.30pm and on Saturday mornings from 9am and 12pm.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in June 2015. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

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 and those with a learning disability.
- The practice offered support to homeless patients in the locality. A GP provided a weekly early morning clinic at a night shelter for the homeless. A practice nurse attended the Prebend Day Centre for the homeless on two mornings every week. We saw that between April 2015 and March 2016 the nurse had provided treatment to 381 homeless patients.
- The practice held palliative care meetings in accordance with the national gold standards framework involving district nurses, GP's and the local MacMillan nurses.
- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 0.3% of the practice list as carers. The practice recognised that this was a low representation and were in the process of identifying more carers.

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



- There was a register for patients with dementia and we saw that all 72 patients currently on the register had received an annual review in the 12 months prior to our inspection.
- 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 various support groups and voluntary organisations.

Summary of findings

- 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.
- The practice maintained a register of patients with mental health conditions. Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 280 survey forms were distributed and 117 were returned, representing a response rate of 42% (0.9% of the practice's patient list).

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 88% 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 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 national average of 85%.
- 81% 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 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 33 comment cards which were all positive

about the standard of care received. In particular, patients commented on the caring and empathetic attitude of staff. Some comments referred to difficulties accessing appointments.

We spoke with four patients and a representative of the patient participation group (PPG) during the inspection. (The PPG is a group of patients who work with the practice to discuss and develop the services provided). All informed us that they were highly satisfied with the care they received and thought staff were approachable, committed and caring. Some patients recognised that the practice had experienced a difficult period due to staff shortages and that it was on occasion difficult to get an appointment but they also told us that their care was never compromised and staff took the time to listen to their concerns and discuss treatment options with them.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from May 2015 to April 2016 showed that 81% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Dr Fenske and Partners

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 Dr Fenske and Partners

Dr Fenske & Partners is also known as the Goldington Medical Practice and provides a range of primary medical services, including minor surgical procedures from its location on Goldington Road in Bedford, located on the periphery of the town centre. The practice has a branch surgery, known as the Church Lane Surgery on Church Lane in Bedford.

The practice serves a population of approximately 13,007 patients with higher than average populations of males aged 10 to 19 years and lower than average populations of females for the same age group. The practice population is largely White British with an increasing population of Eastern Europeans. National data indicates the area served is one of average deprivation in comparison to England as a whole.

The clinical staff team consists of one male and two female GP partners, one male salaried GP, a long term GP locum, one minor illness nurse, four practice nurses and one health care assistant. Additional GP locums are also employed by the practice to ensure adequate availability of GP appointments. 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.

The practice has recently experienced some staffing difficulties. In the 12 months prior to our inspection the practice saw the departure of five out of seven GP partners, primarily due to retirement and relocation. In addition to this, the long standing practice manager partner, lead nurse and health care assistant also retired. The practice has struggled to recruit and retain new staff, in particular GP partners. The remaining two partners continued to provide services with the support of locums and the return of a GP partner as a long term locum. They have successfully recruited one new GP partner and are continuing efforts to stabilise their clinical team. As a result of the clinical capacity issues, the practice has closed its patient list and was not accepting new patient registrations as of January 2016.

Dr Fenske & Partners is open between 8am and 6.30pm Mondays to Fridays, at both the main and branch surgeries. Pre-bookable appointments are available at both surgeries from 6.30pm to 7.30pm on Tuesdays. The main surgery on Goldington Road is open from 9am to 12pm on Saturdays. The out of hours service is provided by Bedfordshire Doctors on Call (BEDOC) and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

At the time of our inspection, the registration of Dr Fenske & Partners with CQC to provide regulated activities was not accurate and we had not been notified of changes made to the partners and the registered manager at the practice, as required under the CQC (Registration) Regulations 2009. The practice has now taken steps to complete the necessary application to ensure their registration with us is accurate.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before 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 visit on 17 May 2016. During our inspection we:

- Inspected both the main surgery and the branch surgery to speak with staff and patients.
- Spoke with a range of staff including three GPs, a nurse, a healthcare assistant and the assistant practice manager.
- Observed how staff interacted with patients.
- 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.

- Spoke to a representative of the patient participation group (PPG). (This was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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 reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events at significant event meetings held quarterly.

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 learnt were shared and action was taken to improve safety in the practice. For example, we saw that when a safety alert was received for a medicine used to treat nausea and vomiting, the practice performed a search for all patients taking the medicine and took appropriate action to reduce the risk of adverse side effects in these patients.

Prior to our inspection, the practice had recognised that they were not keeping records of action taken for safety alerts and had developed a new system for ensuring that records were kept of safety alerts received and actions taken in response to them.

When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation of events, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw that when a patient did not receive the appropriate medication in a timely manner, the practice were prompt to

investigate, apologise to the patient and change their process. A new system was developed for computer alerts to be sent to clinicians reminding them of required tasks for completion, hence reducing the risk of recurrence.

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 GP lead for safeguarding. The GPs attended safeguarding meetings when possible and always 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. GPs were trained to an appropriate level for child safeguarding (level 3).
- Notices in the waiting rooms and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A GP partner was the infection control clinical lead, supported by the practice manager and health care assistant. They liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw that additional storage was fitted in the treatment room at the branch surgery, following an audit, to reduce clutter in the clinical area.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed two 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. The practice employed locum GPs and demonstrated that the necessary recruitment checks had been completed for those individuals.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and 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 (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked in April 2016 to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had experienced extreme pressures in staffing levels in the 12 months preceding our inspection; however, staff we spoke with were positive about the support they received from colleagues. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absence due to sickness.

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 and personal alarms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms at both the main and branch surgeries.
- The practice had a defibrillator available at both premises and oxygen with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site at secure locations.

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.
- Staff were able to explain how care was planned and how patients identified as having enhanced needs, such as those with diabetes, were reviewed at regularly required intervals.

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 95% of the total number of points available with 14% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice recognised that their exception reporting had been high. They had worked to improve this and provided evidence that for the year 2015/2016 their exception reporting had decreased to 10%.

Data from 2014/2015 showed other QOF targets to be similar to local and national averages:

- Performance for diabetes related indicators was comparable to the national average. 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 74%, where the CCG average was 76% and the national average was 78%.

- The percentage of patients with hypertension having regular blood pressure tests was 84% which was the same as the CCG and national averages of 84%.

This practice was an outlier for one area of QOF clinical targets:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 56% where the CCG average was 87% and the national average was 88%. Exception reporting for this indicator was 6% compared to a CCG average of 15% and national average of 13%.

The practice was aware that this was a wide deviation and we saw evidence of the practices plans to improve these figures.

There was evidence of quality improvement including clinical audit.

- The practice demonstrated clinical audits were conducted regularly. We saw evidence of audits completed in the last two years, two of which were full cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was carried out of patients referred under the two week wait (2WW) scheme for cancer referrals. The audit identified that whilst the practice's referral rate for cancer referrals was in keeping with local and national benchmarks, the practice did not have a system for monitoring patients referred and was reliant on patients informing them if they were not seen. A new system was developed for checking routinely that all patients referred under the 2WW scheme received timely appointments and attended as necessary.
- The practice participated in local audits, national benchmarking, peer review and research

Effective staffing

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

- The practice had an induction programme for all newly appointed staff which was tailored to individual staff needs. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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 minor illness nurse was trained as a specialist in asthma, chronic obstructive pulmonary disease and diabetes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, 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. Protected learning sessions were held once a month and 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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Patient information from other services, for example for unplanned hospital admissions, was received by an administrator who raised them as tasks for GPs or nurses to review. The practice held a register of patients at risk of unplanned hospital admission and we saw that patients on this register were discussed at monthly multi-disciplinary team (MDT) meetings when needed. We saw that MDT meetings were attended by local district nurses and that care plans were routinely reviewed and updated.

The practice also held additional monthly MDT meetings that made use of the gold standards framework to discuss all patients on the palliative care register, update their records accordingly and formalise care agreements. (The gold standards framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis). We saw that district nurses, MacMillan nurses, the community matron and local support services were all involved in these meetings. A list of the practice's palliative care patients was also available to staff in a secure area of the practice to ensure patients' needs were recognised.

Health visitors would attend meetings with the GP partners on a regular basis in order to support and manage care and treatment for vulnerable families and children. We were told of plans for the community midwife to attend meetings in the future to support unborn children at risk.

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.
- Consent forms for minor surgical procedures were used and scanned into the patients' medical records.

Are services effective?

(for example, treatment is effective)

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.
- The health care assistant (HCA) was able to provide support to patients on weight management and smoking cessation advice and where necessary patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to follow up 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 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:

- 62% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 60% and the national average was 58%.
- 74% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, which was the same as the local average and similar to the national average of 74%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97% and five year olds from 90% to 97%.

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. At the time of our inspection for the period August 2010 to April 2016 the practice had completed 1,555 of 1,814 (86%) 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 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 33 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 one 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. Some patients recognised that the practice had experienced a difficult period due to staff shortages and that it was on occasion difficult to get an appointment.

Results from the national GP patient survey published in January 2016 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% 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%.
- 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 84% and national average of 85%.

- 93% 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 national average of 91%.
- 88% 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 held a register of homeless patients and had supported this vulnerable group for over 18 years. They worked closely with local homeless and rootless organisations to provide care to these patients and ensure they had access to appropriate medical support. A GP provided a weekly early morning clinic at a night shelter for the homeless. A practice nurse attended the Prebend Day Centre for the homeless on two mornings every week. The nurse was able to provide a variety of services including dressings, referrals to hepatology, contraception, immunisations and psychological support. We saw evidence that between April 2015 and March 2016 the nurse had provided treatment to 381 patients. At the time of our inspection there were 100 patients registered as homeless. These patients could be seen at the main or branch surgery if needed. Due to the clinical capacity issues at the practice, they were not accepting new patient registrations at the time of our inspection. However, this did not apply to homeless patients who were able still able to register and attend to be seen as appropriate.

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

- 89% 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%.

Are services caring?

- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 82% 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 national average of 85%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language.
- 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 47 patients as

carers (0.3% of the practice list). The practice recognised that this was a low representation and were in the process of identifying more carers. They had a designated carer's boards at each practice and had designed carer's booklets that provided advice and information to direct carers to the various avenues of support available to them.

The patient participation group (PPG) was active and were involved in organising numerous events throughout the year to support vulnerable patients. This included coffee mornings for elderly and isolated patients and health walks for patients, including carers. We saw that the PPG had organised a flu day at a local church hall, encouraging patients to receive vaccinations and incorporating blood pressure monitoring services as well as social support. This event was attended by 157 patients and the practice intended to continue the service annually.

Staff told us that if families had suffered bereavement, their usual 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 Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Staff met with the CCG regularly to review their performance and attend local practice meetings. For example, the practice received information from the CCG on emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake. They explained how this information was used to plan care in order to meet identified needs. The practice held multi-disciplinary team (MDT) meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admission.

There was a register for patients with dementia and we saw that all 72 patients had received an annual review in the 12 months prior to our inspection. There were also 40 patients on the learning disability register and we saw that 11 had received a face to face review since April 2015. The practice made efforts to recall these patients for review and we saw signs in the waiting room for patients with a learning disability encouraging them to book appointments. Patients with learning disabilities were encouraged to complete a health questionnaire (with support from carers where needed). This questionnaire covered various topics such as existing health conditions and contact details for advocates. The questionnaire was then reviewed by clinical staff and patients received a Health Action Plan as a record of their health care information and needs.

Patients with long term health conditions, such as diabetes and asthma received regular reviews based upon individual need. Nurse led clinics supported these patients to understand and manage their conditions. We saw that where the nurse was concerned about patient's health she referred them to GPs for additional support. Patients were also referred to external organisations for support when needed.

- The practice had opened a branch surgery in October 2014 in an area of higher than average deprivation to provide additional health care resources to the community. In particular there were increased populations of vulnerable adults and children.

- Appointments were available on Tuesday evenings and Saturday mornings with GPs and nurses for patients who could not attend during normal working hours.
- There were longer appointments available for patients with a learning disability or those that required them.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in June 2015. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Access to the service

The practice was open between 8am and 6.30pm Mondays to Fridays, at both the main and branch surgeries. Pre-bookable appointments were available at both surgeries from 6.30pm to 7.30pm on Tuesdays. The main surgery on Goldington Road was open from 9am to 12pm on Saturdays. The out of hours service is provided by BEDOC and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line. Appointments could be made in person, via telephone or online.

Results from the national GP patient survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and 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 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

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

For example, by speaking to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 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 both in the practice and on the website.

We looked at 20 complaints received in the last 12 months and found that these had been satisfactorily handled. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that when the practice received a complaint from the next of kin about the death of their relative, they were prompt to investigate. The practice spoke to other health care providers involved and developed more robust protocols to ensure roles and responsibilities were clearly defined. The practice responded to the complainant with a written apology and explanation of events. Similar to significant events and incidents, complaints were discussed at practice meetings.

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 practice ethos which was displayed in the waiting areas and staff knew and understood the values. This emphasised a patient-centric approach to providing good quality, ethical care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice was led by the team of GP partners who had an open, collaborative and informal management style which supported the delivery of the practice strategy and good quality care. They 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. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via a shared computer drive. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. They told us they were passionate about the service they provided and 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 patients reasonable support, an explanation of events and a verbal and/or written apology as appropriate.
- 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 and we saw evidence to support this.
- 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.
- The practice had experienced 12 months of high staff turnover with the retirement and relocation of five GP partners and the retirement of the practice manager partner and lead nurse. We were told that the staff team had worked particularly well during these difficult times showing commitment not only to their colleagues, but

Are services well-led?

Good 

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

to the patient population they supported. We saw evidence that the remaining GP partners, new GP partner and practice manager had demonstrated strong leadership during this difficult time.

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. For example, the PPG had surveyed patients to ascertain when the practice should provide extended hours. The PPG were also instrumental in engaging the local population and offering valuable support to vulnerable patients, in particular the frail elderly and isolated.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were provided with examples of concerns staff had raised and were informed that they were handled confidentially and appropriately.

- Staff told us they felt involved in the day to day operation of the practice and were engaged by managers to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area.

The practice had experienced difficulties recruiting GPs and was proactive in engaging with Health Education East Anglia and the local clinical commissioning group (CCG) to drive developments aimed at attracting more GPs to the locality. We were told of plans to develop a GP fellowship scheme in the locality which one of the GP partners at the practice was closely involved in.

The practice had previously been a training practice for doctors wishing to qualify as GPs. We were told of plans for a GP partner to qualify as an associate trainer by November 2016 to enable the practice to provide this service again in the hope of attracting more GPs to the locality.

The practice had recognised existing challenges and potential future threats to its financial security and ability to continue providing services. The practice was part of a federation known as Horizon Health, which it had joined in September 2007. (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). Through collaborative working with other practices in the federation the practice hoped to secure its future.