Dr S J Morris & Partners

Quality Report

The Surgery
Highlands
Flitwick
Bedfordshire
MK45 1DW
Tel: 01525 715300
Website: http://www.flitwicksurgery.co.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S J Morris & Partners 14 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were 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.
- Some patients reported difficulty in getting appointments with a GP of their choice. The practice has introduced measures to improve access and were continuing with this work. Patients could access urgent and same day appointments with a duty GP.
- 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 areas where the provider should make improvement are:

- Continue to monitor the effectiveness of recently implemented actions to improve patient satisfaction scores related to improving access to appointments and involving patients in decisions about their care.

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?

Good

The practice is rated as good for providing safe services.

- 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. Learning outcomes were shared in practice meetings and clinical meetings.
- When things went wrong patients received reasonable support, information, 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. This included procedures for infection control, management of medicines, staff recruitment and role specific training of staff in safeguarding.
- Risks to patients were assessed and well managed including health and safety and appropriate emergency procedures.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. The practice was working to address this by introducing a new appointment system staff training and seeking to appoint an additional GP.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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 NHS Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG in the clinical pharmacy pilot which aimed to optimise the use of medicines for those receiving long term medications including a review of inhaler usage for the obstructive pulmonary disease (COPD) patient.
- Some patients reported difficulty in getting appointments with a GP of their choice. The practice had introduced measures to improve access and were continuing with this work. Patients could access urgent and same day appointments with a duty GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other relevant stakeholders as appropriate.

Are services well-led?

Good

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular review meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- 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.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held monthly meetings with the district nurses, the community matron and a Macmillan nurse to review the care needs of the housebound older person and to update their care plans.
- The practice provided a hearing aid adviser once a month to review the needs of the hard of hearing patients, avoiding the need for them to attend the hospital.
- The practice provided a vaccination service for the housebound.
- The practice supplied medical services to four local homes that provided residential, nursing, learning disability and elderly mental health care respectively.

People with long term conditions

Good

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

- 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).
- Performance for diabetes related indicators was similar to the national average.
- The nurses provided a domiciliary service for the housebound patient.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice had worked with the CCG in the clinical pharmacy pilot which aimed to optimise the use of medicines for those receiving long term medications including a review of inhaler usage for the COPD patient.
- The practice provided a daily phlebotomy service.

Families, children and young people

Good

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 85%, 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.
- As part of a new emergency appointment system, children under the age of 2 and pregnant women were offered same day appointment with a GP.
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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 provided extended hours one evening a week and two Saturdays per month.Appointments for both GPs and nurses were available during extended hours.

Summary of findings

- 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 offered health checks, travel advice, cervical screening, and contraceptive services for this population group.
- The practice provided telephone consultations when appropriate.
- Through the Electronic Prescribing System (EPS) working people could order repeat medications online and collect the medicines from a pharmacy near their workplace.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice hosted the Path 2 Recovery (P2R) Drug and Alcohol Services which provided advice, treatment and support to adults whose lives were affected by drug or alcohol misuse.
- 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 a system called the TLC (tender loving care) to identify the recently bereaved and their families or vulnerable patients so their care needs could be attended to promptly.
- The practice identified patients who were also carers and signposted them to appropriate support.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The Community Link Worker for mental health held weekly clinics at the practice providing advice as well as reviewing patient care needs.
- Patients with depression related episodes were given priority if they needed to see a GP the same day.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the patients' satisfaction responses were lower than the local and national averages in some areas of the survey. 251 survey forms were distributed and 118 were returned. This represented 47% return rate (less than 1% of the practice's patient list).

- 53% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national l average of 73%.
- 63% 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%.
- 76% 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%.
- 68% 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. All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients noted the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four of the cards reported difficulty in getting an appointment including the difficulty in seeing the GP of their choice.

We spoke with five patients who reported that the GPs and nurses were listening courteous and helpful and had treated them with kindness and compassion.

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor the effectiveness of recently implemented actions to improve patient satisfaction scores related to improving access to appointments and involving patients in decisions about their care.

Dr S J Morris & 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 S J Morris & Partners

Dr S J Morris & Partners (also known as Flitwick Surgery) situated in Highlands, Flitwick, Bedfordshire, is a GP practice which provides primary medical care for approximately 16,000 patients living in Flitwick and surrounding areas.

Dr S J Morris & Partners provide primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice provides training to doctors studying to become GPs. The practice population is predominantly white British along with a small ethnic population of Italian, Polish and other Eastern European origin. The practice has a higher than average working age population due to its location in the commuter belt for London.

The practice has three GPs partners (two female and one male) and three salaried GP (two female and one male). There are four practice nurses including a nurse manager. The nursing team is supported by two health care assistants and two phlebotomists. There is a practice manager who is supported by two deputies and a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

Dr S J Morris & Partners is a dispensing practice and has a dispensary which is open during surgery times. There are four staff attached to the dispensary.

The practice operates from a low rise building and patient consultations and treatments take place on ground level. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6pm except on Monday when the practice is open until 8pm. The practice offers extended opening on two Saturday mornings per month depending on demand from 8.30am till 10.30am for pre-booked appointments only. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Care UK via the 111 service.

Why we carried out this inspection

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

Detailed findings

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 14 April 2016.

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff
- Spoke with patients who used the service. Observed how patients were being assisted.
- 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.

Good

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 or their deputy 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, information, 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. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Safety alerts were managed by the practice manager who had a system to alert concerned staff including clinicians. All incidents including significant events and alerts were discussed and reviewed during the monthly clinical governance meeting with action taken and lessons learnt noted. We saw evidence that lessons were shared and action was taken to improve safety. For example the practice had strengthened their information security system following an investigation and had shared the improved process with all staff to prevent a repetition.

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 and there were notices in clinical rooms that gave a summary of the local policy and reporting process. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and deputy 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. For example, the practice had referred a safeguarding concern about a child to the local authority so they could be kept safe in their home. Staff had received training for safeguarding children and vulnerable adults relevant to their role. 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. One of the GPs assisted by the Head of Nursing led on infection control 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.
- We reviewed the arrangements for managing medicines including in the on-site dispensary.

  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.

Vaccines used for immunisations and other medicines were obtained, prescribed, handled, stored and administered appropriately.

Good

Are services safe?

Blank prescription forms for use in printers and those for hand written prescriptions were stored securely. There were procedures to monitor the use of blank prescription forms and pads.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access to these medicines was restricted, the keys to the secure storage held securely and there were arrangements in place for the destruction of controlled drugs.

The practice has a dispensary which was open during surgery times. There were four staff attached to the dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.

The dispensary was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Standard Operating Procedures (these are written instructions about how to safely dispense medicines) were in place for dispensary staff to follow, and the practice had a system of monitoring its compliance. The practice carried out audits as part of this scheme and staff were able to describe changes to practice as a result of these audits to improve the accuracy of the dispensing process.

Patient Group Directions 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 four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recently carried out a review and reorganisation of staffing to ensure enough staff were available. There was a rota system in place for all the different staffing groups to cover leave and absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff we spoke with gave examples of where they had implemented the emergency procedures.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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.

- New guidelines were assessed during the daily clinical meeting and formally reviewed monthly. The practice used templates which were driven by NICE and CCG best practice guidelines.
- 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 95% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 88% which was similar to the CCG average of 86% and the national average of 89%

Performance for mental health related indicators was comparable to the national average. For example:

- The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months (01/04/2014 to 31/03/2015).
- The percentage of patients diagnosed 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 83%. The CCG and national average was 84%.

There was evidence of quality improvement including clinical audit.

- We were shown evidence of 10 clinical audits undertaken in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- In both instances we found that the practice had taken appropriate actions to make improvements. For example as a result of audit the practice had improved the monitoring of patients who received a particular type of treatment for superficial skin infections.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example following an audit of patients who received a particular type of antibiotic for recurrent urinary tract infection the practice had introduced procedures to make sure only those that needed antibiotic received them.

Information about patients' outcomes was used to make improvements. We saw care plans were in place for the frail elderly and patients with long term conditions. Medication reviews were carried out in line with best practice.

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, providing smoking cessation advice and NHS health checks.Staff we spoke with told us they had carried out specific training since joining the practice to allow them to progress and provide more support to patients.
- 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

Good

Are services effective?

(for example, treatment is effective)

to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Staff we spoke with reported feeling supported by GPs the Head of Nursing and their peers.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice provides training to doctors studying to become GPs. There is a GP trainer supported by an associate trainer to support the training of doctors.

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. The computer system used by the practice allowed electronic communication with partner organisations such as the community health and pathology service who were able to share patient clinical information. Where this was not possible the practice used a secure fax system to communicate with partner organisations. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.
- 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.

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 practice gained written consent for minor surgery procedures which were scanned and maintained in the patient's records.

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. The practice offered health checks and counselling services.
- A dietician worked from the practice on a weekly basis and offered an initial assessment and ongoing support to patients, particularly those with long term conditions.
- All patients over 75 had a named GP.
- 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 and implants.
- The practice provided a vaccination service for the housebound.

Good

Are services effective?

(for example, treatment is effective)

- The practice hosted the Path 2 Recovery (P2R) Drug and Alcohol Services which provided advice, treatment and support to adults whose lives were affected by drug or alcohol misuse.

The practice's uptake for the cervical screening programme was 85%, 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, 60% attended for bowel screening and 79% attended for breast screening respectively within six months of invitation which was better than the national average of 55% (bowel screening) and 73% (breast screening).

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 97% to 100% and five year olds from 92% to 99%.

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

Good

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 16 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. Four of the cards reported difficulty in getting an appointment including the difficulty in seeing the GP of their choice.

We spoke with five patients who reported that the GPs and nurses were listening courteous and helpful and had treated them with kindness and compassion.

We spoke with vice chairman 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.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect.

For example:

- 84% 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 78% 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%.
- 89% 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%.
- 78% 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 was aware that the patient satisfaction levels in some areas could be improved and was working with the PPG and involved the local Healthwatch in improving access to appointments as well as seeking to employ an additional GP.

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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment but the results in some areas were slightly below local and national averages. For example:

- 73% 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%.
- 73% 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%.
- 76% 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%

Good

Are services caring?

The practice had an action plan to address the lower scores related to involving patients in decisions about their care which included staff training and recruitment of an additional GP.

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.
- Information leaflets were available in easy read format.
- There was a hearing loop available in reception.
- There was a range of information leaflets available to inform patients regarding their condition and treatments available in the reception areas.

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 156 patients as carers (1% of the practice list). There was an information board in reception to direct carers to the various avenues of support available to them. This information was also available on the practice website. Carers were offered a health check and flu vaccinations. The practice manager told us that the practice population included a large working age group which could explain the low percentage of carers. However the practice was actively seeking to identify others in their practice list who were also carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them This call was either followed by a patient consultation at a convenient time and location to meet the family's needs or by giving them advice on how to find a support service. The practice had a system called the TLC (tender loving care) to identify the recently bereaved and their families or vulnerable patients so their care needs could be attended to promptly.

Good

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 NHS Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG in the clinical pharmacy pilot which aimed to optimise the use of medicines for those receiving long term medications including a review of inhaler usage for the COPD patient.

- The practice offered Monday evening appointments till 8pm and twice monthly Saturday morning appointments from 8.30am till 10.30am for working patients and others who could not attend during normal opening hours.
- The practice operated an emergency assessment team whereby all requests for urgent appointments were triaged by either the two minor illness nurses or by a duty GP and seen if needed or signposted appropriately.
- The practice provided telephone consultations when appropriate.
- The practice operated 48 hour appointments for those patients whose needs were not urgent and could wait 48 hours to see a GP.
- 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.
- The practice supplied medical services to four local homes that provided residential, nursing, learning disability and elderly mental health care respectively.
- The nurses provided a domiciliary service for the housebound patient.
- The practice provided a daily phlebotomy service.
- Same day appointments were available for patients who were pregnant, babies and children, and those with mental health issues.
- Patients were able to receive travel vaccinations available on the NHS.
- The Community Link Worker for mental health held weekly clinics at the practice providing advice as well as reviewing patient care needs.
- Patients with depression related episodes were given priority if they needed to see a GP the same day.
- Through the Electronic Prescribing System (EPS) working people could order repeat medications online and collect the medicines from a pharmacy near their workplace.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a hearing aid adviser once a month to review the needs of the hard of hearing patients, avoiding the need for them to attend the hospital.

Access to the service

The practice is open Monday to Friday from 8am to 6pm. Extended hours appointments were offered till 8pm on Monday and two Saturday mornings of each month from 8.30am till 10.30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. There was a duty GP as well as two minor illness nurses available between 8am and 6pm for same day consultation for those who were triaged as needing one. Patients could also book a routine appointment with a GP of their choice using an advance booking system. Appointments could be booked in person by telephone or online through the practice website.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment as follows:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 53% 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%.

The practice was aware of the difficulties expressed by patients about getting through to the reception and has installed a new telephone system to reduce caller waiting together with a computerised monitoring system to check

Good

Are services responsive to people's needs?

(for example, to feedback?)

its effectiveness. Administrative staff were also working to an improved call answering system to respond to incoming calls at peak times. The practice had a plan to review progress with the new system.

People told us on the day of the inspection that they were able to get appointments when they needed them. They told us that the triage system helped them see a GP or a nurse but not necessarily with the GP of their choice. They told us that generally it was possibly to see a GP of their choice using the advance booking system.

The practice had a system in place to assess:

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

  The practice operated an emergency assessment team whereby all requests for urgent appointments were triaged by either the two minor illness nurses or by a duty GP and seen if needed or signposted appropriately.

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.
- The practice manager supported by their deputy was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in poster on a leaflet and on the practice website.

The practice had received 59 complaints received in the last 12 months. We reviewed some of these complaints and found these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example following an investigation the practice had taken action to ensure patients received enough relevant information about their care and treatment. The relevance and importance of giving appropriate information to patients was discussed during a GP's annual review and reflected in practice. Learning points were disseminated practice wide during clinical and other 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.

- Their vision was to promote health and well-being from the heart of the community which it served. Staff we spoke with knew and understood the values and their roles regarding this.
- The practice had a five year strategic plan which reflected the vision and values and was regularly reviewed and 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 on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained through active staff participation and regular review at meetings.
- 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.

Leadership and culture

The partners 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, information 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 along with partners meetings and we saw minutes of these to confirm this. Staff also told us the practice manager kept them informed of practice matters at all times formal and informal discussions or by email.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues during team meetings and protected learning zone sessions 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 through the patient participation group (PPG) and through surveys and complaints received. The PPG met every three months and liaised with the practice management team on making improvements. For example the PPG had worked with the practice on making improvements to the appointments system.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff

Are services well-led?

Good

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged 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 pilot schemes to improve outcomes for patients in the area.

For example:

- The practice had worked with the CCG in the clinical pharmacy pilot which aimed to optimise the use of medicines for those receiving long term medications including a review of inhaler usage by the COPD patient.
- The practice had introduced the emergency assessment team to triage urgent requests for appointments or home visits.
- The practice is part of the CCG Multidisciplinary Team Pilot which aims to integrate services provided by the GP, Community Services, Mental Health, Local Authority and the Voluntary Sector. The focus being to make the access easier for patients, identifying any gaps and avoiding duplication.