

# Linden Road Surgery

## Quality Report

13 Linden Rd  
Bedford  
MK40 2DQ  
Tel: 01234273272  
Website: [www.lindenroadsurgery.co.uk](http://www.lindenroadsurgery.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

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 6    |
| What people who use the service say         | 10   |
| Areas for improvement                       | 10   |

### Detailed findings from this inspection

|                                    |    |
|------------------------------------|----|
| Our inspection team                | 11 |
| Background to Linden Road Surgery  | 11 |
| Why we carried out this inspection | 11 |
| How we carried out this inspection | 11 |
| Detailed findings                  | 13 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Linden Road Surgery on 15 March 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.
- Staff worked closely with other community services and external care agencies.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. This was reflected in the national patient survey and from reports from patients.
- Annual health checks were offered to anyone registered as a carer.
- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

# Summary of findings

The area where the provider should make improvement is to ensure that there is a proactive approach to identifying and supporting carers.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

## 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Extended hours appointments were available with both GPs and the practice nurse.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- 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 governance 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.
- 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.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Regular meetings were held with community staff to coordinate care for older patients or those in need of end of life care.
- The care of older patients was supported by a sensitive and patient-focused approach to home visiting, telephone consultations and same day appointments.
- Regular visits were undertaken to local nursing homes and there was good communication between staff and GP's.
- The practice offered a medicine home delivery service for patients on the identified as requiring this service.
- Home visits were available for patients who were housebound because of illness or disability.

### 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.
- The practice demonstrated a robust recall system for annual reviews for patients with a learning disability, asthma, chronic obstructive pulmonary disease (COPD), diabetes and coronary heart disease (CHD).
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months was 76% compared with the national average of 75%.
- The practice results for diabetes indicators were comparable to local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 77%, comparable to the CCG and national averages of 84%.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All patients in this group 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 including spirometry and shared diabetes management.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice had child safeguarding as a standing agenda item at meetings. Midwives, health visitors and social services were invited to attend the meetings and worked jointly with the practice team to provide effective and safe care to this group.
- Immunisation rates were relatively high for all standard childhood immunisations and the practice maximised the uptake of this service by offering flexible appointments with the nurse. Non-attenders were actively followed up.
- 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 92% which was 10% above the national average.
- 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 and health visitors.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

Good



# Summary of findings

- Patient survey results showed good satisfaction rates for convenient appointment times and patients having a good experience.
- Flu vaccination clinics were offered on Saturdays for patients unable to attend Monday to Friday.
- Late evening appointments and telephone consultations had been implemented following patient feedback.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Safeguarding information was shared with all staff at practice meetings.
- Annual health checks were offered to anyone registered as a carer (1.3% of the practice list).

## People experiencing poor mental health (including people with dementia)

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

Good



- Dementia screening was offered where appropriate.
- The practice results for mental health were comparable to local and national data. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% (CCG average 87%, national average 88%)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had undertaken dementia friends training.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016; related to the period January to March 2015 and July to September 2015. The results showed the practice was performing in line with local and national averages. There were 328 survey forms distributed and 105 (32%) were returned. This represented approximately 3% of the practice's patient list.

- 96% found it easy to get through to this surgery by phone compared to the CCG average of 77% and the national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 76%).
- 98% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Comment cards highlighted that patients 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.

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

Patients we spoke with said they felt the practice offered a good service and staff were helpful and caring. They told us they felt listened to and were satisfied with the service provided by the practice and said their dignity and privacy was respected.

We spoke with a member of the patient participation group (PPG). They told us that although the patient group was small, steps were in place to increase numbers with continued growth in numbers and the group was very active. There was a virtual forum to keep patients informed and monthly walk had been arranged to help get more interest. Following feedback from the group the practice had installed automatic doors to aid patients with mobility issues and a cycle rack. The PPG had helped develop an action plan based on results of the practices' own patient survey. For example, one outcome was to actively promote telephone consultations, to encourage uptake as the results had showed that many patients were not aware of this option.

## Areas for improvement

### Action the service **SHOULD** take to improve

The area where the provider should make improvement is to ensure that there is a proactive approach to identifying and supporting carers.

# Linden Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Linden Road Surgery

Linden Road Surgery is based in a residential area of Bedford with easy access to the local train station and the town centre. Primary medical services are provided from a total of three sites to approximately 3,780 patients, the practice has been established since 1988. 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 main surgery consists of two story premises which have good disabled access and ground floor waiting and consulting rooms. In addition the practice maintains two small branch premises; one in Bromham and one in Tyne Crescent, for the benefit of the practice population living in those areas. The branch surgery in Bromham has a small dispensary for eligible patients. Neither of these locations were inspected as part of this inspection.

The practice population has a higher number of patients aged 65 to 85 years and older. National data indicates that this area is in the mid-range of the deprivation scale.

The clinical team consists of two male GP partners and a female practice nurse and a dispenser. There is a practice

manager and seven administrative and reception staff who provide support to the clinical team. The practice use a female locum as there is no female GP permanently employed at present.

The practice is open between 8am and 6.30pm on Monday to Friday with extended evening hours on Tuesdays until 7.30pm. Patients requiring a GP outside of normal hours are advised that the surgery telephone number is automatically transferred to the out of hours service, provided by Bedford Doctors on Call (BEDOC).

Telephone consultations and online appointment bookings are available.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. On the day of inspection we spoke to a member of the patient participation group.

We carried out an announced inspection on 15 March 2016. During our inspection we:

# Detailed findings

- Spoke with a range of staff including the two GP partners, the practice manager and her mentor, the practice nurse and a range of administrative and reception staff. We also spoke with patients who used the service.
- Observed how staff interacted with patients, carers and family member and each other.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident. The practice offered reasonable support, a written apology and patients were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence of thorough analysis of significant events. These were discussed at monthly meetings, recorded and shared with all staff. In addition they were reported, where necessary to Bedfordshire Clinical Commissioning Group. If any member of staff was unable to attend the meetings a notification of the event was sent to them via the electronic system to ensure all staff were kept up to date.

We reviewed safety records, incident reports, MHRA (Medicines & 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 actions were taken to improve safety in the practice. For example, an incident had occurred where patients' blood test results had not received appropriate follow up and action had not been taken. The incident was discussed at the monthly meeting and a new protocol was put in place. This new process meant that on receipt of clinical results the GP would send an electronic notification to the administration team to contact the patient and arrange an appointment for them to discuss the results and follow on treatment if required.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities relating to recognising signs of abuse or neglect and knew how to report any concerns. Staff told us about an incident and the actions they took which demonstrated their understanding. All staff had received training in safeguarding children and vulnerable adults relevant to their role. GPs were trained to manage child safeguarding to the appropriate level (level 3).
- 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). When a chaperone was used it was recorded in the patient record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local Bedfordshire 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 had been adopted by the practice to allow the nurse to administer medicines in line with legislation.

The dispensing of medicines was only carried out at the Bromham site; we did not inspect this site but saw satisfactory evidence of all documentation required. 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. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process, this process was managed and overseen by the lead GP responsible. We saw the standard operating procedures which covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines). We noted that no controlled drugs were kept on the premises. The standard operating procedures had been reviewed and updated.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working

properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty this included reception cover for the branch surgeries. There was only one practice nurse and locum nurses were used to cover annual leave and sickness. We saw evidence of robust procedures to check that locums were appropriately qualified and registered. The practice had developed an information pack containing useful information and guidance for all locums.

### 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.
- 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 and a copy was held off site. Risk assessments had been completed for the branch surgeries and these were regularly reviewed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available with exception reporting of 4 % (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from January 2016 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. The practice achieved 80% of available points compared to the CCG average of 86% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 86% of available points compared to the CCG and national averages of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages of 92%, compared to the CCG average of 95% and the national average of 93%.

- Performance for dementia related indicators was similar to the CCG and national average. The practice achieved 88% of available points compared to the CCG and the national averages of 84%

There was evidence of quality improvement including clinical audit.

There had been nine clinical audits completed in the last two years. All of these were completed audits where the improvements made had been implemented and monitored. Findings were used by the practice to improve services. For example, an audit undertaken had resulted in a comprehensive action plan being developed for patients who had been prescribed hypnotics. This plan included counselling opportunities for patients to make them more aware of the risks of prolonged use of this medicine, advising them of alternatives available and following up repeat requests for medication to reduce the risk of dependency. The GP who undertook this audit presented the audit, findings and action plan to the practice staff.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice nurse administered vaccines and took samples for the cervical screening programme, they had received specific training which had included an assessment of competence. In relation to administering vaccines, the nurse could demonstrate how she stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, 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 process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group. The practice's uptake for the cervical screening programme was 92%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that 52% 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%. The percentage of females aged between 50 and 70 years, screened for breast cancer in past 36 months was 57% compared to the CCG average of 74% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95%. Vaccinations given to five year olds ranged from 79% to 87%, lower than the equivalent CCG averages of 92% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years of which 242 were offered and 132 were completed in the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. For example, we observed the reception staff assisting a patient who was experiencing difficulties obtaining his medicine. The staff made a number of telephone calls and resolved the situation whilst the patient remained seated in the waiting area.

- 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 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. There were additional comments relating to the doctors giving plenty of time to patients during consultations to discuss all their needs.

Patients we spoke with said they felt the practice offered a good service and staff were helpful, caring and they felt they were listened to. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We spoke with a member of the patient participation group (PPG) who told us that the patient group was small but growing and was very active. There was a virtual forum to keep patients informed and a monthly walk had been arranged to help get more interest. Following feedback from the group the practice had installed automatic doors to aid patients with mobility issues and a cycle rack. The PPG had helped to develop an action plan based on the results of the practices' own patient survey. One outcome was to actively promote telephone consultations, to encourage uptake as the results showed that many patients were not aware of this option.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on consultations with GPs and nurses. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 86%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 99% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (national average 82%)

## Are services caring?

- 91% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

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

- Staff told us that translation services were available for patients who did not have English as a first language and these patients were made aware of how to access the services if required. We saw notices and a language identification poster in the waiting area, informing patients that the translation service was available.
- We saw a range of information available to patients in the waiting area including the various clinics provided at the practice. For example sexual health, dementia awareness, smoking cessation groups and bereavement support. A number of these were in easy read format.
- Information about support groups and how to deal with minor illness was also available on the practice website.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (1.3% of the practice list). The practice offered annual reviews for carers and had information on support was available in the waiting area and on the practice website.

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. Information on bereavement services following the loss of an adult or child was available in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered late appointments on Tuesday evenings until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Weekly visits were made to a local care home in addition to home visits on request.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a new ramp and automatic doors to assist those with a physical disability and the carers who accompany them
- Dementia friends training had been arranged for all staff.
- The practice offered a medicine home delivery service for patients identified as requiring this service.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with extended evening hours on Tuesdays until 7.30pm. The practice offered appointments with GPs Monday to Friday from 9am to 11.30am and from 4pm to 6.30pm with extended hours until 7.30pm on Tuesdays. Morning appointments with the practice nurse were available between 9.15am and 12.30pm Monday to Friday

and on Wednesday until 2.45pm. Afternoon appointments were available from 1.30pm to 5.30pm on Monday and Thursday and from 4pm to 7.30pm on the first Tuesday of every month.

Telephone consultations and online appointment bookings were available. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% patients said they could get through easily to the surgery by phone (national average 73%).
- 57% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

Home visits were available for patients who were housebound because of illness or disability.

If patients required a home visit they were encouraged to contact the practice prior to 11am. 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. A GP would contact the patient by telephone 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- Leaflets about the practice were displayed in the reception area and these included details about how to make a complaint.

We looked at five complaints received in the last 12 months and found that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, there had been a complaint about a late running appointment and a patient was not informed of this. As a result of the complaint a board was placed in the waiting area to inform patients if appointments were running late.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

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

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, automatic doors were installed to improve both disabled and pushchair access following suggestion by the PPG. Following concerns raised by a patient that noise from the consultation rooms upstairs could be overheard in the waiting room beneath them, the practice responded by introducing music in the waiting area.
- Feedback on patient surveys was seen in the waiting area.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff generally 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. Staff 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. In 2016 the practice planned to undertake local in house training by the Dementia Friends group for all staff to become a “Dementia aware” practice.

The practice had recognised existing and future challenges and was actively developing a succession plan for when the senior partner retires, including looking to attract a female GP partner to join the clinical team. The practice was part of a federation known as Horizon Health. (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).