

Kingsway Health Centre

Quality Report

385 Dunstable Road
Luton
Bedfordshire
LU4 8BY

Tel: 01582 847808

Website: www.kingswayhealthcentre.nhs.uk

Date of inspection visit: 12 July 2016

Date of publication: 24/04/2017

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Inadequate



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Kingsway Health Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsway Health Centre on 12 July 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety, however systems in place for reporting and recording significant event outcomes and action need strengthening.
- Risks to patients were assessed and well managed, however, the system for recording and cascading information from MHRA alerts was inconsistent.
- Some staff files held incomplete records and recruitment checks undertaken for some staff could not be established.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had a corporate vision to deliver high quality care, promote good outcomes for patients and to be caring, show compassion and understanding.
- Patient feedback was mixed. Some patients told us they were satisfied with the care they received and thought staff were respectful and caring. Whilst others told us that access was difficult and some staff were rude or appeared disinterested.
- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care.
- Patients said they found it difficult to access the practice by telephone and to make an appointment with a named GP.
- Systems for seeking and responding to patient feedback were not effective. Notably, the practice did not have an active patient participation group.

Summary of findings

- 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.
- The practice had facilities suitable for people with disabilities and patients with young children, including access enabled toilets and baby changing facilities.
- There was a leadership structure and staff said they felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice development plan did not reflect local priorities.

The areas where the provider must make improvement are:

- Implement a process to ensure that incidents and significant events and safety alerts are recorded appropriately, including dissemination and sharing of learning to all relevant staff
- Ensure feedback is routinely obtained and considered from patients using the service.

The areas where the provider should make improvement are:

- Ensure a programme of regular staff appraisals to support staff development
- Review arrangements for uncollected prescriptions.
- Continue to identify and support carers.
- Implement a comprehensive system for quality improvement, including, for example, a programme of clinical audits.
- Continue to encourage patients to attend cancer screening programmes.
- Ensure all staff are aware of their role regarding the duty of candour requirements.
- Continue to develop business and strategic plans to reflect local and practice needs.

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 requires improvement for providing safe services.

- The system in place for reporting and recording significant events did not ensure that incidents were consistently centrally recorded. Meetings were not regularly minuted and any action taken in response to alerts or events was not always centrally recorded.
- When things went wrong patients received appropriate support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and appropriately managed.
- Information retained about staff recruitment and management was incomplete.
- Arrangements were in place to deal with emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly comparable with or below average when compared to the national average. For example, performance for mental health related indicators was similar to the local national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86%, with 0% exception reporting, compared to the CCG average of 86%, with 7% exception reporting and the national average of 84%, with 7% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were completed and used to aid service delivery improvement, but no two-cycle audits had been completed.
- There were lead GPs for specific disease areas.

Requires improvement



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff. However, not all staff had received an appraisal in the previous 12 months.
- 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 inadequate for providing caring services.

- Data from the national GP patient surveys published in January and July 2016 showed patients rated the practice lower than others for all aspects of care. For example, 58% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 85% and the national average of 89%.
- Feedback we received from patients we spoke with and from comment cards completed was mixed. Some patients said they were satisfied with the care they received and thought staff were respectful and caring. However, other patients said that it was difficult to get appointments and that some staff were rude. 53% of patients said receptionists at the practice were helpful, compared to 84% locally and 87% nationally.
- Results from the patient survey showed that only 46% of patients stated the last GP they saw treated them with care and concern, compared to 80% locally and 85% nationally.
- The appointment systems were not working well, so patients did not receive timely care when they needed it. 37% of patients said they were able to get an appointment the last time they tried, compared to 66% locally and 76% nationally.
- The practice did not have a patient participation group and we saw no evidence to demonstrate that patient feedback was influential in the development of services.
- Information for patients about the services available was easy to understand and accessible on the website or via leaflets and posters at the practice.
- On the day of our inspection we saw staff treated patients with respect and maintained patient and information confidentiality.
- The practice had identified 47 patients as carers, this equated to approximately 0.5% of the practice list.

Inadequate



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Luton Clinical Commissioning Group to secure improvements to services where these were identified.
- Appointments and home visits were tailored to the needs of the individual patient consultation.
- Patient survey outcomes identified difficulties when making an appointment with a named GP. Others indicated that telephone access was very difficult and that the availability of appointments was poor generally.
- The practice had facilities suitable for people with disabilities and families with young children which included access enabled toilets and baby changing facilities
- Information about how to complain was available and easy to understand.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a corporate vision to deliver high quality care, promote good outcomes for patients and to be caring, show compassion and understanding. Staff were aware of the vision and their responsibilities in relation to it.
- There was a leadership structure and some staff said they felt supported by management. The practice had policies and procedures in place to govern activity and held governance meetings.
- There was a corporate governance framework determined by the Provider, which was designed to deliver good quality care. This included arrangements to monitor and improve quality and identify risk.
- The senior management team encouraged a culture of openness and honesty; however, not all clinical staff at the practice were familiar with the requirements of the duty of candor.
- The systems in place for notifiable safety incidents would benefit from review to ensure information was consistently shared with staff and confirm that appropriate action was taken.
- The practice did not have a patient participation group.

Requires improvement



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 requires improvement for the care of older people. However, we did also see some examples of effective practice.

- 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.
- Patients at risk of hospital admission were identified and their care reviewed with the multi-disciplinary team to put in place proactive care to prevent admission.
- Provision of vaccines targeted at older people, such as 'flu clinics'.
- Home visits were available for the housebound.
- The practice worked with local charities and community groups targeting information and support to older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. However, we did also see some examples of effective practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had an identified lead GP or nurse for specific disease areas.
- Performance for diabetes related indicators was lower than the local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 72%, with 5% exception reporting, compared to the CCG average of 90%, with 7% exception reporting and the national average of 89%, with 8% exception reporting.
- Longer appointments for those patients with complex needs 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. However, we did also see some examples of effective practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 65%, which was lower than the CCG average of 80% and the national average of 81%.
- Delivery of childhood immunisations was above the national average for children aged up to 2 years of age, with a score of 93% compared to the national average of 90%.
- The practice provided a contraception service for young people.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives and health visitors. For example, the practice undertook a 'follow-up' initiative for those patients who did not attend appointments for their children.
- Opportunistic postnatal mother and baby checks were undertaken as part of the child immunisation programme.
- Multi-disciplinary meetings were in place to review the 'looked after children' register; children who had been identified at potential risk.
- Information was available about a number of different agencies, such as Livewell Luton service which provided support for children requiring assistance with weight management.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). However, we did also see some examples of effective practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had sought to adjust services offered to make these accessible and flexible and where possible offered continuity of care.

Requires improvement



Summary of findings

- The practice offered alternative appointments outside of the working day, for example the practice was open from 7.30am Tuesday and Friday morning and was open until 8pm Monday to Friday evenings. Additional opening hours were offered on Saturday mornings and Bank Holidays.
- The practice was proactive in offering online services such as online booking system and repeat prescriptions service.
- A range of health promotion and screening was available to reflect the needs for this age group. For example, smoking cessation and health and lifestyle reviews.
- The practice encouraged patients to attend cancer screening programmes, recent data shows the following results:
- 64% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 69% and the national average of 72%.
- 32% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 50% and the national average of 58%.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. However, we did also see some examples of effective practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and worked with external health care professionals to support and manage vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers this equated to approximately 0.5% of the practice list

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). However, we did also see some examples of effective practice.

Requires improvement



Summary of findings

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice participated in the Dementia Enhanced Service, this was an additional service commissioned by NHS England providing support to patients and to improve the quality and effectiveness of care for patients at risk of dementia.

Summary of findings

What people who use the service say

The most recent results from the national GP patient survey, published in July 2016, showed that, although there had been some improvement in some areas since January 2016, the practice was performing below local and national averages in all areas.

For the most recent survey, in July 2016, 372 survey forms were distributed and 85 completed and returned. This was a 38% completion rate and represented less than 1% of the practice's patient list.

For example;

- Results from the January survey showed that 40% of patients described the overall experience of this GP practice as good. By July 2016 this had increased to 47% of patients. However, this was still significantly below the CCG average of 79% and the national average of 85%.
- January 2016 survey results showed 31% of patients said they would recommend this GP practice to someone who has just moved to the local area. This had increased to 33% in the survey results from July. This compared to the CCG average of 72% and the national average of 80%.
- Results from patient surveys from both January and July 2016 indicated that 23% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- In January 2016 41% of patients said they were able to get an appointment to see or speak to someone the last time they tried, this compared to the CCG average of 67% and the national average of 75%. In the July survey outcomes, this had dropped to 37% of patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine completed comment cards; the feedback from patients was mixed. Some patients said that it was very difficult to make an appointment and the telephone system was problematic. Four cards included specific comments about staff attitude and approach,

with one card saying staff were rude, whilst the others indicated staff were helpful. Five cards included general comments which indicated that the service provided met patients' requirements.

We also spoke with two patients, who again provided different feedback about the practice. One patient was content with the services available and had no complaints. The second patient we spoke with was very unhappy with the level of service provided and was critical of individual members of staff, in particular relating to a specific family incident. The practice was aware of this patient concern and told us the complaint was being dealt with separately.

The practice was aware of the below average patient survey results and had set out some changes and developments to address the concerns identified. The provider advised us that a period of staff movement had meant a change in practice manager and the departure of members of the clinical team and this may have contributed to some dip in performance. For example, with regard to telephone access, the practice had analysed telephone call volumes and identified an extremely high demand of calls first thing in the morning. To address this situation the practice had started the recruitment process to employ an additional member to the reception team.

The practice considered that the telephone system itself was modern and efficient in managing the calls. The practice would also ensure that all available administration and reception staff were trained and directed to telephone call handling when demand was at its peak. A review of telephone call management had been planned in a further three months.

The practice recognised that a number of patients attended the practice in person early in the morning, in order to wait for an appointment. An information programme, to advise patients of alternative options to book appointments was being planned. For example, on-line appointment booking and the introduction of

Summary of findings

telephone consultations was hoped to improve patient access. At the time of our inspection, approximately 17% of patients had registered to access the on-line appointment booking system.

In response to complaints received the practice had identified the need for reception and administration staff to have additional training to help them deal with situation management and conflict resolution and had accessed training customer service training.

The provider had also highlighted the need for further recruitment of clinical staff as a priority, with a second Advanced Nurse Practitioner due to commence employment in September 2016 and an additional full time GP to be recruited later in the year.

Areas for improvement

Action the service **MUST** take to improve

- Implement a process to ensure that incidents and significant events and safety alerts are recorded appropriately, including dissemination and sharing of learning to all relevant staff
- Ensure feedback is routinely obtained and considered from patients using the service.

Action the service **SHOULD** take to improve

- Ensure a programme of regular staff appraisals to support staff development

- Review arrangements for uncollected prescriptions.
- Continue to identify and support carers.
- Implement a comprehensive system for quality improvement, including, for example, a programme of clinical audits.
- Continue to encourage patients to attend cancer screening programmes.
- Ensure all staff are aware of their role regarding the duty of candour requirements.
- Continue to develop business and strategic plans to reflect local and practice needs.

Kingsway Health Centre

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 adviser.

Background to Kingsway Health Centre

Kingsway Health Centre provides a range of primary medical services to the residents of Luton. The practice provides services from its location of Kingsway Health Centre, 385 Dunstable Road, Luton, Bedfordshire, LU4 8BY. Services are provided under an Alternative Provider Medical Services (APMS) contract, a locally agreed contract with NHS England and GP Practices. The provider is The Phoenix Primary Care, who deliver services in a number of other locations in England.

At the time of our inspection the current provider was in contract negotiation with another corporate provider, The Practice Group, about a formal take-over of services at Kingsway Health centre.

National data indicates the area is one of higher than average deprivation. Ethnicity estimates for the local population indicate the area comprises a mixed community, with approximately 60% Asian population. The practice has approximately 9,300 patients. The practice population has a higher than average representation in the younger age ranges, with 32% of patients under 18 years of age compared to national average of 21%. Patients over 65 years of age comprise 6% compared to national averages of 17%.

The provider employs a team of staff to deliver services, comprising of five GPs; three female and two male, one advanced nurse practitioner, and two practice nurses, all female. The practice manager leads the team of reception and administrative staff.

The practice is open from 8am to 8pm Monday to Friday and offers extended opening hours two mornings a week from 7.30am on Tuesdays and Fridays. Additional hours are offered from 8.30am to 12.30pm on Saturday mornings and Bank Holidays.

When the practice is closed, out of hours services can be accessed via the NHS 111 service. Information about how to access this service is provided on the practice website, on posters and leaflets within the practice and via the practice telephone recorded message service.

Why we carried out this inspection

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

How we carried out this inspection

Before 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 29 June 2016.

Detailed findings

During our inspection we:

- Spoke with a range of staff including the Associate Medical Director, Director of Operations and Performance, GPs, nurses, practice manager and reception and administrative staff. We also spoke with patients who used the service.
- Observed how staff interacted with patients and their family members.

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

Elements of the system in place for reporting and recording significant events would benefit from review and strengthening.

- 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). However, we also found that two of the clinical staff we spoke with were not familiar with the duty of candour terminology.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable 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 an appropriate analysis of the significant events, however, we also found that the formal recording of actions taken and activity was not always completed and cascaded to all relevant members of staff. We saw that meetings at which events were discussed had not been minuted for a period of seven months prior to our inspection.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. There was a process in place for the management of alerts. The practice manager disseminated them to the relevant practice staff and kept a record of the actions taken. The practice told us that alerts were also discussed at practice meetings however, we saw that this system was not consistently applied. For example, some meetings did not have formal minutes available or the record of action taken was not always complete. It was possible therefore, that staff who were not present at the time may not be aware of the action or discussion.

Nonetheless, we did see examples where action had been taken and lessons had been shared to improve safety in the

practice. For example, following an incident where arrangements for a home visit had been overlooked, the recording system had been changed to ensure checks were in place and no visits were subsequently missed.

Overview of safety systems and processes

The practice had 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 on the practice computer system. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare and contact details were displayed on the walls of the treatment and consultation rooms. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained to the appropriate level to manage child safeguarding (GP level 3).
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control lead and there was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address improvements identified as a result. The practice had supplies of personal protective equipment and spillage kits were available for the cleaning of bodily fluids.
- 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).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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 comprehensive systems in place to monitor their use. However, the arrangements for the management of uncollected prescriptions were not clear and would benefit from clarification, in order to provide guidance to staff about appropriate referral to a clinician.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed personnel files for three members of staff. We looked at a file for a staff member who had been recently recruited and others who had been with the practice for a number of years. We saw that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, or appropriate risk assessment if requested references were not forthcoming, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had been obtained.

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 fire drills. Electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was

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

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty. The provider had completed a review of the work carried out by the nursing team and plans were in place to recruit an additional advanced nurse practitioner. Administrative and reception staff were multi-skilled so they could cover for each other's absences and leave.

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.
- Staff received annual basic life support training.
- 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. The medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was accessible to staff off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- NICE guidelines were discussed at the practice clinical meetings.
- 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 showed the practice achieved 89% of the total number of points available with an overall exception rate of 6%. (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 2015/16 showed:

- Performance for diabetes related indicators was below the local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 72%, with 5% exception reporting, compared to the CCG average of 90%, with 7% exception reporting and the national average of 89%, with 8% exception reporting.
- Performance for mental health related indicators was similar to the local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review

in the preceding 12 months was 86%, with 0% exception reporting, compared to the CCG average of 86%, with 7% exception reporting and the national average of 84%, with 7% exception reporting.

The practice had lead GPs for specific disease areas. The practice reviewed their QOF achievement to identify if there were any areas which required additional focus. For example, patients who did not attend for their annual diabetic review were sent reminders detailing the importance of regular checks.

The practice provided a new patient health check on first attendance after registration which enabled the collation of the patient's state of health. The practice used this information to assist in the assessment of the patient according to their risk and offered intervention appropriately.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last year, dealing with prescribing and minor surgery post-operative patients. However, neither of these were completed two-cycle audits.
- Findings were used by the practice to improve services. For example, in conjunction with the local CCG prescribing team the audit on prescribing has raised awareness among clinical staff with regards to patterns, correct choice of treatments, dosing and following CCG Guidelines.

The Provider also arranged a series of meetings, designated as the 'Continuous Professional Development club' for clinicians. Local and national performance and areas of improvement were discussed. This involved staff from across the range of practices managed by the provider to facilitate shared learning.

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. However, we also found that some of the routine employment

Are services effective?

(for example, treatment is effective)

documents were not included on the files. For example, for the newly recruited staff member there was no information regarding the formal induction and probation process being completed.

- We also saw that on other files contracts of employment remained unsigned; although we were assured signed copies were with each employee. Other, historical information, such as application forms, training and appraisal records were also incomplete. The provision of appraisals for staff had been inconsistent, with some staff not receiving an appraisal during 2015
- 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 nursing staff had undertaken training for the management of a variety of conditions including minor illnesses, Chronic Obstructive Pulmonary Disorder (COPD), asthma and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice had policies and guidance outlining arrangements for staff training and development. Learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, at the time of inspection, when we reviewed staff files, evidence relating to staff induction and training was incomplete on a number of staff records.
- 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, clinical supervision and facilitation and support for revalidating GPs and nursing staff. However, we saw that not all staff had received an appraisal within the last 12 months. The practice told us that due to management changes appraisals for some staff had been delayed and that a delivery programme had been put in place to ensure outstanding appraisals were completed.
- Staff received training which 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. However, we also saw that staff had been required to complete a high volume of on-line training in the two week period following the announcement of the inspection.

- The Provider had comprehensive and clear policies relating to equal opportunities and diversity awareness. They actively promoted a zero tolerance approach to discrimination and sought to promote equality of opportunity across the service.

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.

The practice had worked in collaboration with other agencies to develop an integrated care service which identified patients at risk of admission to hospital and put in place proactive care to prevent admission. They had a multi-disciplinary team co-ordinator who used a risk stratification tool to identify these patients. The practice held a note of the patients most at risk of unplanned hospital admissions, who had care plans and were regularly reviewed.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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 were signposted to relevant support services.
- Information was available about a number of different agencies, such as Livewell Luton service which provided support for children requiring assistance with weight management.
- Links and signposting to support groups, such as AgeUK who provided support for social inclusion and psychological wellbeing.

The practice's uptake for the cervical screening programme was 65%, which was lower than the CCG average of 80% and the national average of 81%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,

- 64% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 69% and the national average of 72%.
- 32% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 50% and the national average of 58%.

In response to the lower than average results the practice had a reminder system in place and provided additional educational information to patients in order to facilitate their attendance at the screening programme.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, the practice achieved a 93% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 90%.

For five year olds and MMR vaccinations, the practice achieved an average of 80% compared to the national average of 91%.

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.

The practice had a register of 54 patients with mental health indicators. All of these patients were offered an annual health check and 47 (87%) of these had received a medication review and face-to-face health check in the previous 12 months.

Similarly, the practice held a register for dementia patients with 15 patients identified at the time of our inspection. All of these patients had a care plan in place and 12 (80%) of these patients had received a medication review and face-to-face check in the last 12 months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received nine completed Care Quality Commission patient comment cards. Feedback was mixed, with five patients describing the practice as good and two cards noted the staff were friendly and helpful. Comments on one card indicated that staff could appear rude. Three cards indicated that telephone access to the practice was difficult and obtaining appointments was problematic.

The practice told us that staff had attended training provided by Luton CCG on handling patients with aggressive behaviour and customer service awareness.

Results from the national GP patient survey published in January and July 2016 showed that patients rated the practice below both local CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 58% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%. This figure had dropped from 60% in the January survey results.
- 61% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%. This figure had increased from 52% in the January survey results.
- 65% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%. This figure had dropped from 73% in the January survey results. 46% of patients said the last GP they spoke to was good at

treating them with care and concern compared to the CCG average of 80% and the national average of 85%. This figure had increased from 42% in the January survey results.

- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%. This figure had increased from 69% in the January survey results.
- 53% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%. This had remained static since January.

We saw that staff introduced themselves by name and designated position while talking with patients and administrative staff wore name badges.

Care planning and involvement in decisions about care and treatment

Patient feedback was mixed. The CQC comment cards marginally found that patients were satisfied with the services provided by the practice. However, results from the GP Patient survey, throughout 2016, indicated that patients were not satisfied with the level of care they received. Results had remained below local and national averages across all indicators. For example:

- 54% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%. This figure had dropped from 55% in the January survey results.
- 46% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%. This figure had increased from 43% in the January survey results.
- 64% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%. This figure had dropped from 68% in the January survey results.

The provider had recognised the poor outcomes and indicated that recruitment of an additional GP and stabilising staff numbers should lead to improvements in patient care.

Are services caring?

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.
- Information leaflets were available in easy read format.
- There was a hearing loop for patients with difficulty hearing.

Patient and carer support to cope emotionally with care and treatment

A variety of information leaflets and notices were available in the patient waiting area which told patients how to access a range of different support groups and

organisations. There were links on the practice website to NHS Choices and the Department of Health website for patients to access information and further advice on their conditions.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers this equated to approximately 0.5% of the practice list. Carers were offered an annual flu vaccination. There was a carers lead and information for carers was available in poster and leaflet form in the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours two mornings a week from 7.30am. This was helpful for working 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.
- Home visits were available for patients who were housebound.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Appointment booking and repeat prescription requests were available online.
- The practice was using the electronic prescription service so that patients could collect their prescription directly from the pharmacy.
- Facilities suitable for people with disabilities and patients with young children included a ramp at the entrance, access enabled toilets and baby changing facilities.
- A midwife visited the practice weekly.
- Translation services and a hearing loop were available. Patients with a visual impairment had an alert on their patient record to advise staff that assistance may be needed.

Access to the service

Kingsway Health Centre is open from 8am to 8pm Monday to Friday and offers extended opening hours two mornings a week from 7.30am on Tuesdays and Thursday. The practice was also open from 08.30am to 12.30pm Saturday

mornings and on Bank Holidays. Pre-bookable appointments arranged up to three months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient surveys published in January and July 2016 showed that patients' satisfaction with how they could access the practice by telephone was significantly lower than local and national averages.

- In both January and July surveys only 23% of patients said they could get through easily to the practice by phone, compared to the CCG average of 67% and the national average of 73%.

Patient satisfaction with the opening hours at the practice remained slightly lower than local and national averages, where results from both surveys identified that;

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.

The practice had a telephone triage system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Urgent requests were reviewed and actioned by the duty GP for the day. 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.

Waiting times for appointments were monitored and the practice was able to manage resources to address demands accordingly.

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 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. For example, complaints leaflets were available at the reception desk and information posters were on display.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at three complaints received in the last 12 months and found these were and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. The provider had a system in place to ensure that concerns were reported to the Director of

Operations to routinely review and assess trends. Information and learning was shared across the range of services delivered by the provider. Action was taken as a result to improve the quality of care. For example, the practice arranged personal development and customer skills training for the staff following feedback from patients.

Are services well-led?

Requires improvement 

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

Our findings

At the time of our inspection we were advised that the contract to deliver services was in the process of being taken over by a new corporate provider.

We were told that the practice had suffered from changes in practice manager and this had led to performance issues and dissatisfaction from patients.

Vision and strategy

The practice had a corporate vision shared across the Provider's range of services to deliver 'high quality care, that is patient centred, continuing, holistic and responsive to patients' needs and preferences'.

The practice had a statement of purpose that outlined their aims and objectives which included treating all patients with dignity and respect, to maintain a patient centred culture and to deliver high quality safe and effective services and environment.

The practice did not have a formal, locally focused, business and development plan. However, we were told by the new provider that arrangements were in place for further development work to be undertaken to produce a practice specific plan, complete with targets and performance measures.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, we saw that staff files had information gaps and needed further review to ensure accuracy and completeness of information.
- Practice specific policies were implemented and were available to all staff.
- Senior managers were aware of the performance of the practice, using a variety of performance measures. Clinical audits were used to monitor quality and to help identify improvements. Whilst we saw evidence of some clinical audit, these were not completed, two-cycle audits, and lacked focus on areas of under performance.

- Process and policy for management of incident reporting needed review, to ensure that all activities were consistently recorded, outcomes shared and any actions implemented across the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The Provider had a programme of corporate induction programme for new staff which included the overarching vision and, corporately, systems were in place to assist staff to understand their individual roles and responsibilities. However, at the time of inspection, when we reviewed staff files, evidence relating to staff induction and training was incomplete on a number of staff records.

Leadership and culture

The practice was led by the Phoenix Primary Care, whilst GPs, with support of the practice manager, managed the day to day running of the practice and the senior corporate management team. On the day of inspection the directors of the provider demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality care.

Performance at the practice was measured by key indicators combined with contract monitoring and external assessments. Performance reports provided to governing bodies with action plans put in place and monitored as appropriate, however we found that there was a lack of focus on the performance of the practice, for example significantly lower than average patient survey results and lack of clinical audit.

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. However, when we spoke with staff we found that two of the clinical team were unaware of the terminology regarding the duty of candour and associated responsibilities.

The provider encouraged a culture of openness and honesty and within the practice systems were in place to ensure that when things went wrong with care and

Are services well-led?

Requires improvement 

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

treatment they 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 leadership structure in place and some staff said they felt supported by management.

- Staff told us the practice held team meetings, although these were not always regularly held and minuted.
- Staff told us they had the opportunity to raise issues at team meetings.
- Staff said they were very busy and recent management changes had led to some staffing difficulties. We were told that additional staff had been seconded in, to provide support as additional reception and administration staff were being recruited.
- Staff training and development had not been well managed over the preceding 12 months, with all staff required to undertake significant on-line training modules in the period following the announcement of the inspection.

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

The practice did not have a patient participation group at the time of the inspection. Opportunities for patients to provide feedback were available via a comments slip, the Family and Friends Test and NHS Choices websites.

- The practice made use of the friends and family test a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

- We found feedback from patients was minimal, results from Family and Friends Test showed that 22% of patients recommend this practice from a total of nine responses. We also saw that the practice did not routinely respond to feedback left by patients on the NHS Choices website.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. Some staff told us that they did not always feel listened to by managers.

Continuous Improvement

The Provider arranged regular meetings for clinical staff to facilitate learning and development. A feature was the Continuous Professional Development club, where practitioners met to share learning.

However, we were unable to find evidence that there was a consistent approach to facilitate continuous learning and improvement at all levels within the practice. Records relating to learning and improvement from events or complaints were not consistent.

The practice did not have a patient participation group. The level of positive engagement with patients and recorded activity in response to their feedback to improve the services within the practice was low.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because systems designed to assess, monitor, mitigate risks to and improve the quality and safety of services for patients were lacking.</p> <p>The processes for recording action and reviewing the effectiveness of any action taken were insufficient. Records to identify discussion, agreement and action were not always completed. There was a risk staff were not made aware of the decisions made and the changes in practice required.</p> <p>Arrangements in place to obtain patient views and to demonstrate quality improvement activity based on feedback were inadequate.</p> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>