

Injeeli Consultancy Limited

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Injeeli Consultancy Limited on 31 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified 21 patients as carers, which was 0.7% of the practice list. There was a carers board in the waiting area with written information to direct carers to the avenues of support available to them.
- 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 kept records of written correspondence; however, they informed us that verbal interactions were not always documented.
- Patients said they found it easy to make an appointment with urgent appointments available the same day, although sometimes there was a lack of continuity as locum GPs were used to support the principal GP in the practice.
- The practice facilities were 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.
- Medicines and vaccines in the practice were stored securely. However, the monitoring of the fridge temperature to ensure vaccines and medicines were stored at the correct temperature to maintain efficacy was not done correctly.

Summary of findings

The areas where the provider should make improvement are:

- Ensure the fridge temperatures are monitored correctly so the vaccines and medicines are stored at the correct temperature to maintain efficacy.
- Continue to identify and support carers.
- Document verbal interactions when patients or family members make a complaint and consider as part of annual trend analysis.

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. There was a significant event reporting policy available for all staff to access.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice. All staff attended the practice meetings where these were discussed.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risks to patients were assessed and well managed.
- Medicines and vaccines in the practice were stored securely. However the monitoring of the fridge temperature to ensure vaccines and medicines were stored at the correct temperature to maintain efficacy was not done correctly.

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. For example, performance for hypertension related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 2% exception reporting, compared to the CCG average of 97%, with 5% exception reporting, and the national average of 97%, with 4% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Summary of findings

- Clinical audits demonstrated quality improvement. There had been five clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice nurse was trained to level 3 to give smoking cessation advice.
- 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 comparably with others for several aspects of care. For example, 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Although there was sometimes a lack of continuity due to the use of locum GPs.
- 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.
- The practice had identified 21 patients as carers, which was 0.7% of the practice list. There was a carers board in the waiting area with written information to direct carers to the avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, the practice offered extended opening hours from 6.30pm to 7pm Monday to Friday and from 8am to 12pm on Saturdays.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.

Summary of findings

- Results from the national GP patient survey, published July 2016, showed that patient's satisfaction with how they could access care and treatment was better than the local and national averages. For example, 97% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- There were facilities for patients with disabilities that included a ramp and wide doors at the entrance, access enabled toilets and all consultation rooms on ground level.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice kept records of written correspondence; however, they informed us that verbal interactions were not always documented. Learning from complaints was shared with staff and other stakeholders.

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. The chairperson of the PPG met with the practice weekly although there were no regular meetings with the rest of the group.
- There was a 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.
- Care plans were reviewed following hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Services were available for housebound patients that included ear syringing and urgent blood tests.
- All of these patients had a six monthly medicine review dependent on their clinical need.

People with long term conditions

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

Good



- The GP and the nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 86% of available points, with 5% exception reporting, compared to the CCG average of 87%, with 10% exception reporting, and the national average of 90%, with 12% exception reporting.
- The principal GP had a special interest in diabetes and had received additional training to help treat patients with this condition. The practice was working on an initiative with the Luton CCG to identify patients that may be pre-diabetic in order to help them improve their lifestyle to stop them from becoming diabetic.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was a dedicated number for patients with long-term conditions to call the practice urgently in an emergency to receive treatment and avoid hospital admission.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 94%, (6% exception reporting) which was above the CCG average of 80% (10% exception reporting) and the national average of 82% (6% exception reporting).
- Chlamydia screening was offered opportunistically to 15 to 24 year olds.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A private room was offered to nursing mothers who wished to breastfeed.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours were offered from 6.30pm to 7pm Monday to Friday and from 8am to 12pm on Saturdays. This was especially useful for working patients who were unable to attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
 - 72% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
 - 52% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 51% and the national average of 58%.

Summary of findings

- Telephone appointments were not offered routinely but were booked with a GP if a patient requested one.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. All of these patients were offered an annual health check. There were nine patients on the learning disability register and they had all received a health check in the preceding 12 months.
- 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 support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 21 patients as carers, which was 0.7% of the practice list. There was a carers board in the waiting area with written information to direct carers to the avenues of support available to them.

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



- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is higher than the national average of 84%.
- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 92% of available points, with 8% exception reporting, compared to the CCG average of 90%, with 11% exception reporting, and the national average of 93%, with 11% exception reporting.
- 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 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than the local and national averages in many areas. There were 307 survey forms distributed and 102 were returned. This was a response rate of 33% and represented 3% of the practice's patient list.

- 97% 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%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards and the majority were

positive about the standard of care received. Staff were described as professional, helpful and friendly with many cards stating that the service provided was excellent. Six of the cards contained less positive comments but there were no trends identified to these.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us they felt involved in decision making about the care and treatment they received although sometimes there was a lack of continuity as locum GPs were used to support the principal GP in the practice. 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.

The practice made use of the NHS 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. However, there had been no responses recently to report on.

Injeeli Consultancy Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Injeeli Consultancy Limited

Injeeli Consultancy Limited, also known as Sundon Park Health Centre, provides a range of primary medical services to residents of the Sundon Park area of Luton. The practice provides services from its current location of Sundon Park Health Centre, Tenth Avenue, Luton, Bedfordshire, LU3 3EP.

The practice population is ethnically diverse and covers a higher than average number of patients between the ages of 25 and 39 years and a lower than average over the age of 70 years. National data indicates the area is one of mid deprivation. The practice has approximately 3000 patients with services provided under an Alternative Provider Medical Services (APMS) contract, a locally agreed contract to provide primary medical services.

The practice is led by a principal, male GP who is supported by regular locum GPs. The nursing team consists of one practice nurse and a health care assistant, both female. There is a team of reception and administration staff all led by a practice manager.

Injeeli Consultancy Limited is open from 8am to 6.30pm Monday to Friday. Extended opening hours are offered from 6.30pm to 7pm Monday to Friday and from 8am to 12pm on Saturday.

When the practice is closed, out of hours services are provided by Care UK and can be accessed via the NHS 111 service.

Why we carried out this inspection

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

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 31 August 2016. During our inspection we:

- Spoke with a range of staff including the GP, practice nurse, practice manager, reception and administrative staff. We also spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how staff interacted with patients and their family members
- 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.

Detailed findings

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.

- There was a significant event policy available for all staff to access.
- When an incident occurred staff told us they would inform the practice manager and complete a recording form. 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).
- All significant events were discussed at the monthly meetings that were attended by all staff.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, the practice had introduced a process to ensure that all tasks allocated to staff on the electronic computer system were checked daily following an incident where one was overlooked for three weeks.

MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts were received into the practice by the practice manager who disseminated them to relevant staff as necessary. We saw from minutes of meetings that the alerts were discussed and appropriate actions taken.

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. The GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP and the practice nurse were trained to an appropriate level to manage child protection (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)
- 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. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Any concerns identified were discussed at the practice meetings. We saw evidence of good infection control practices that included the use of pedal bins, elbow taps and wipeable floors.
- 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). However, we noted that when staff recorded the fridge temperature, to ensure the vaccines and medicines were stored at the correct temperature to maintain efficacy, only one recording was made rather than a minimum and maximum temperature. When we highlighted this to the practice, they immediately took action to ensure the temperatures were recorded appropriately. We were assured that the thermometer used had an alarm that sounded if the fridge temperature was outside of the recommended range.
- 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 Luton CCG medicines management team, to ensure prescribing

Are services safe?

was in line with best practice guidelines for safe prescribing. Older patients had a six monthly medicine review dependent on their clinical need. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration office which identified local health and safety representatives. The practice had up to date fire risk assessments, fire marshalls and carried out regular fire drills every six months. All electrical equipment was checked in June 2016 to ensure the equipment was safe to use and clinical equipment was checked in May 2016 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. The practice used locum GPs including two regular locum GPs to support the principle GP. There was a locum pack in place for the GPs to familiarise themselves with the practice and local protocols.

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.
- There was a panic button in the reception area that was connected to the local police.
- All 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. 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. Copies of the plan were kept off site by the GP and practice manager.

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 showed the practice achieved 93% of the total number of points available.

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 comparable to the local and national averages. The practice achieved 86% of available points, with 5% exception reporting, compared to the CCG average of 87%, with 10% exception reporting, and the national average of 90%, with 12% exception reporting.
- Performance for hypertension related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 2% exception reporting, compared to the CCG average of 97%, with 5% exception reporting, and the national average of 97%, with 4% exception reporting.
- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 92% of available points, with 8% exception reporting, compared to the CCG average of 90%, with 11% exception reporting, and the national average of 93%, with 11% exception reporting.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.

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.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice reviewed the treatment of female patients with uncomplicated urinary tract infections (UTI) to ensure they were receiving the correct antibiotics for their symptoms. The audit successfully achieved its aim of bringing the antibiotic prescribing for patients presenting with uncomplicated UTIs, to the agreed standard of 90% compliance.

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, the practice nurse had received training so they could review patients with long-term conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma. The principal GP had a special interest in diabetes and had received additional training to help treat patients with this condition.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and the practice nurse. 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, alcohol cessation. Patients were signposted to the relevant service.
- The practice nurse was trained to level 3 to offer smoking cessation advice.
- Chlamydia screening was offered opportunistically to 15 to 24 year olds.

The practice's uptake for the cervical screening programme was 94%, (6% exception reporting) which was above the CCG average of 80% (10% exception reporting) and the national average of 82% (6% exception reporting). 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 ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- 72% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
- 52% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 51% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

Are services effective?

(for example, treatment is effective)

immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 89% to 100%. The CCG average was from 90% to 96% and 83% to 96% respectively.

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.

At the time of our inspection, there were nine patients on the learning disability register and they had all received a health check in the preceding 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 or screens 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.

Out of the 44 patient Care Quality Commission comment cards we received 38 were entirely positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect and they felt listened to. The remaining cards had comments that were less positive but there were no themes to these.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 86% 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%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 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 although sometimes there was a lack of continuity as locum GPs were used to support the principal GP in the practice. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 79% 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% and the national average of 82%.
- 98% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Some of the practice staff were multi-lingual and could translate if necessary.
- The practice did not have a hearing loop but they could contact British Sign Language interpreters if needed.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs and nurses if a patient was also a carer. The practice had identified 21 patients as carers, which was 0.7% of the practice list.

There was a carers board in the waiting area with written information to direct carers to the avenues of support available to them. Carers were referred as appropriate to the local authority and they were offered annual flu vaccinations.

Staff told us that if families had suffered bereavement, the GP contacted them and the practice sent a condolence card. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours from 6.30pm to 7pm Monday to Friday and from 8am to 12pm on Saturdays. This was especially useful for working patients who were unable to 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.
- Appointments were available outside of school hours for children to attend.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Online appointment booking and prescription requests were available.
- Telephone appointments were not offered routinely but were booked with a GP if a patient requested one.
- Services were available for housebound patients that included ear syringing and urgent blood tests.
- There was a dedicated number for patients with long-term conditions to call the practice urgently in an emergency situation to receive treatment and avoid hospital admission.
- There were facilities for patients with disabilities that included a ramp and wide doors at the entrance, access enabled toilets and all consultation rooms on ground level.
- The premises were suitable for children and babies. A private room was offered to nursing mothers who wished to breastfeed.
- Translation services were available that included British Sign Language interpreters for patients with hearing difficulties.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11.50am and 3pm to 5.50pm daily. Extended hours appointments were offered at the following times on 6.30pm to 7pm weekdays and from 8am to 12pm every Saturday. In addition to pre-bookable appointments that could be booked up to three months 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 better than the local and national averages.

- 97% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 97% 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%.

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. The 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.

- 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 there was information on the practice website.

The practice had received two complaints in the last 12 months. We looked at these in detail and found these were satisfactorily handled and dealt with in a timely way with

Are services responsive to people's needs? (for example, to feedback?)

openness and transparency. The practice kept records of written correspondence; however, they informed us that

verbal interactions were not always documented. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

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. They had a statement of purpose that outlined their aims and objectives, for example, To provide high quality, evidence based healthcare, to all their registered patients in the most efficient and cost effective manner.

Staff we spoke with knew and understood the values of the practice. The practice had a 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 principal GP, with the support of the practice manager, 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 GP and practice manager 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 support, information and a verbal and written apology.

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

- Staff told us the practice held team meetings every month.
- 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 GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP and the practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had not met regularly as a group although the chairperson met with the practice weekly. The group carried out patient surveys and submitted proposals for improvements to the practice management team. The group had worked with the practice to support continuation of the contract with NHS England and the Luton CCG.
- There was a comments and suggestions box in the reception area for patients to leave their feedback.
- The practice made use of the NHS Friends and Family test, a feedback tool that supports the principle that

Are services well-led?

Good 

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

people who use NHS services should have the opportunity to provide feedback on their experience. However, there had been no responses recently to report on.

- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. 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. For example, the practice was working on an initiative with the Luton CCG to identify patients that may be pre-diabetic in order to help them improve their lifestyle to stop them from becoming diabetic.