

Cater Street Surgery

Quality Report

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Date of inspection visit: 2 November 2016

Date of publication: 03/04/2017

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

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 Cater St Surgery on 2 November 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 were aware of their responsibilities in helping to safeguard and protect patients.
- 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 team worked well with multidisciplinary teams, including community and social services to plan and implement care for patients.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- Patients we spoke to and comments cards reflected that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, National GP Patient Survey results were below average.
- 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 majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had enrolled in the Electronic Prescribing Service (EPS).
- Dementia patients were well monitored and supported.

Summary of findings

- 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.

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



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice undertook risk assessments and completed identified actions where needed.
- There was an effective system in place for reporting and recording significant events. They were discussed at practice meetings to ensure lessons learnt were shared with staff to improve safety in the practice.
- When things went wrong patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were appropriate systems in place to protect patients from the risks associated with medicines management; the clinicians had access to a medicines software tool to check contraindications of medicines.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff had received appropriate training for their role and were aware of how to recognise signs of abuse. Any concerns were shared with community service staff and discussed at multidisciplinary team meetings.
- Appropriate staffing levels were maintained and a rota system was in place.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and key contractors. Copies were kept off site by lead staff.

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.

Summary of findings

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 83% where the CCG and national averages were 83%. Exception reporting for this indicator was 5% compared to the CCG and national averages of 4%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- Vulnerable patients, patients who may be at risk and those on the palliative care register were prioritised through a flag on the clinical system. Staff were aware of patients who should be prioritised and given longer appointments.

Are services caring?

The practice is rated as good for providing caring services.

- Patients we spoke to and comments cards reflected that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However National GP Patient Survey results were below average.
- Data from the survey published in July 2016 showed the practice was below local and national averages for several aspects of care. For example,
- 65% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 61% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 57% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

Good



Summary of findings

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- We discussed the results with the practice and they were aware of the low results. They felt that this was largely due to the number of locums used, as patients want to see their regular GP. This was confirmed by the high results for nurses. We were told that they were continually trying to improve the consultation experience and to recruit permanent staff. We also reviewed the lead GPs appraisal results and patient comments on his performance and found that patients were satisfied with the care they received.
- 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.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was also a carer. Following our inspection visit an audit had been undertaken to confirm the numbers of carers on the practice list which demonstrated approximately 1.4% of patients had been identified as having caring responsibilities.
- 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.
- Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England and Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia reviews.
- Patients we spoke with, on the day of the inspection, said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had enrolled in the Electronic Prescribing Service (EPS).
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered a range of extended hours appointments, on two Saturday mornings per month.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Are services well-led?

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

- The practice had a statement of purpose which reflected the practice's aim to deliver the highest standard of health care and advice to their patients with the resources available to them.
- 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.
- The practice had a strategy and supporting business plan which reflected the vision and values and these were regularly monitored.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive care to meet the needs of the older people in its population and home visits and nursing home visits were available. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for patients over the age of 75 years.
- Flu, shingles and pneumococcal vaccination were offered, which could be given at home if required.
- Blood tests were available at the practice for elderly patients with mobility problems who had difficulty attending the local hospital.
- Medicine reviews were undertaken regularly.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nurse led clinics ensured that annual reviews and regular checks were completed for patients with asthma and COPD. The practice nurse had undergone training for spirometry lung function tests for patients with COPD (chronic obstructive pulmonary disease).
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. The percentage of patients with diabetes, on the register, with a record of a foot examination in the preceding 12 months, was 99%, where the CCG average was 91% and the national average was 85%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.
- The practice had registers in place for long term conditions including diabetes and asthma.
- The community diabetes nurse specialist visited monthly to assist the practice nurse with the management of diabetic patients.
- Longer appointments and home visits are also offered if necessary.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- On the day appointments were available.
- The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors for example, the midwife held a weekly clinic at the practice.
- Appointments were offered outside school hours and on Saturdays.
- Nasal flu and influenza immunisation was offered for children.
- Family planning and contraceptive advice was available.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- On-line services were available for booking appointments and requesting prescriptions and the practice offered an electronic prescription service which enabled patients to collect medication from a chemist of patients' choice.
- Online appointments and prescription ordering was available for patients unable to attend the surgery.
- Extended hours appointments were available on two Saturday mornings each week for patients and students unable to attend during normal hours.
- The practice offers health checks to all new patients and NHS Health checks to patients aged 40-74 years.
- The practice newsletter was produced quarterly.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice had a register for carers; they had identified 1.6% of the practice list as carers.
- The practice held palliative care meetings with the MacMillan nurse and District Nurses.

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).

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% where the CCG average of 83% and national average of 81%.
- 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.
- Performance for mental health related indicators were above or in line with local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% where the CCG and national averages were 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 performance was mixed compared to local and national averages. There were 316 survey forms distributed and 116 were returned. This represented a response rate of 37% (approximately 3% of the practice's patient list).

- 75% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

Patients we spoke to on the day told us that they were happy with the service provided and would recommend the practice. The practice recognised that some of these figures were low and were working with the practice team to improve the patient experience.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also commented that it was easy to get an appointment. There were several comments about the excellent practice newsletter and informative website. Several comments cards identified patients who had moved to the practice on recommendation from others. We spoke with five patients during the inspection. We were told that they were satisfied with the care they received and thought staff were approachable and caring. They said that staff took time to listen to them.

The practice also sought patient feedback by utilising the NHS Friends and Family test (FFT). This is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from March to December 2016 showed that 96% (24 out of 25 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice. The practice recognised that the number of responses received were low and was actively encouraging patients to complete more forms via the website and information in the practice.

Cater Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector accompanied by a GP specialist advisor.

Background to Cater Street Surgery

Cater Street Surgery is located in the town of Kempston in Bedfordshire. The practice serves a population of approximately 3,800 patients with a slightly lower than average population aged 18 years and under. The practice has a mix of white British and mixed ethnic population. National data indicates the area is one of medium deprivation and unemployment in comparison to England as a whole.

Cater Street Surgery is a single partner practice. The clinical team consists of a male GP, a female minor illness nurse, two female practice nurses and a health care assistant. The team is supported by a practice manager and a team of administrative staff. The practice uses a number of locum GP's, usually female, to support the main GP who is trying to recruit a permanent partner or salaried GP.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice operates from a two storey converted house and patient consultations and treatments mainly take place on the ground level but there is additional consulting

space on the first floor for those able to access via the stairs. There is limited car parking outside the surgery, with disabled parking available. Additional on street parking is available in the surrounding area.

The practice is open between 8am and 6.30pm Mondays to Fridays and appointments are available during these times daily. Extended hours appointments are offered on alternate Saturdays between 9am and 11am.

The out of hours service is provided by BEDOC (Bedford Doctors On Call) and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

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 2 November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the GP, a locum GP, the practice manager, nurses, receptionists and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice were proactive in taking action to reduce the risk of recurrence following significant events. For example, we saw evidence that when an incident occurred regarding a prescribing error an investigation was undertaken and recorded by the practice following the incident and the analysis of the event being carried out, changes were made to protocols to prevent the incident happening again.
- The practice carried out a thorough analysis of the significant events. Both these and 'near miss' events were a regular agenda item for practice meetings, were discussed and actions documented.
- 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. Alerts were handled by the GP and practice manager who ensured that appropriate action was taken and records were kept. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, on receiving an alert for Automatic External Defibrillators (AEDs) that were at risk of failure the alert was discussed and a member of staff tasked to check the equipment in the practice. On this occasion no action was required. The outcome of the alert was discussed and a copy held on file, for future reference.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding with a buddy system in place if they were not available. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- The lead GP had received training on female genital mutilation (FGM). FGM comprises all procedures involving partial or total removal of the female external genitalia. This training was then cascaded to all staff to ensure they were able to identify and support patients.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The use of chaperones was clearly recorded in the patients' notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent in October 2016. We saw evidence that action was taken to address improvements identified as a result, for example, the action plan identified that hand sanitiser dispensers should be wall mounted in treatment and consultation rooms. This action had been completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

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:

Are services safe?

prescriptions which included the review of high risk medicines. The practice utilised a computer software tool, to support them in managing patient medication. The GP had attended an Medical Protection Society(MPS) workshop to address medication errors and safer prescribing in primary care.

- Patient Group Direction (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed 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 (DBS).

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. There was an accident and investigation system in place and staff were encouraged to report hazards within the workplace and these were documented. Remedial actions were implemented, recorded and communicated to relevant staff.
- The practice had up to date fire risk assessments and carried out fire drills twice a year. All electrical

equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The last electrical test was carried out in January 2016.

- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and key contractors. Copies were kept off site by lead staff.

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. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice regularly reviewed the records of patients with diabetes, dementia, poor mental health and those needing palliative care to ensure adherence to good practice guidelines.

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 for the period 2015/16 showed the practice had achieved 96% of the total number of points available, which was in line with the Bedfordshire Clinical Commissioning Group (CCG) average of 96% and the national average of 95%.

This practice was an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

Performance for diabetes related indicators was comparable the local Bedfordshire Clinical Commissioning group (CCG) and national averages. For example,

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 68% which was below the CCG average and national average of 78%. Exception reporting for this indicator was 10% compared to a CCG and national average of 13%.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was above 74% which was above the CCG average of 73% and national average of 78%. Exception reporting for this indicator was 10% compared to a CCG was 10% and national average of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 83% which was comparable to the CCG average of 82% and the national average of 80%. Exception reporting for this indicator was 15% compared to a CCG and national average of 13%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 83% which was above the CCG average and national averages of 83%. Exception reporting for this indicator was 5% compared to a CCG and national average of 4%.

The practice had registers in place for long term conditions including diabetes and asthma. The community specialist diabetes nurse attended the practice monthly to assist the practice nurses with the management of patients with diabetes.

Performance for mental health related indicators was higher than the local CCG and national averages. For example,

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 86% and the national average of 84%. Exception reporting for this indicator was 0% compared to the CCG and national averages of 7%.
- The number of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% which was above the CCG and national averages of 89%. Exception reporting for this indicator was 14% compared to a CCG average of 15% and national average of 13%.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been two clinical audits undertaken in the last two years, one of these was a completed audit 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 had completed an audit of patients with gout, a type of arthritis, to ensure these patients who were prescribed a certain medicine received the appropriate blood tests and monitoring. The second cycle of this audit showed there had been improvements made in the treatment and monitoring of patients with this condition.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes and COPD (chronic obstructive pulmonary disease). The GP, a locum GP and one of the practice nurses had attended a three day diabetes course in 2015 to improve their knowledge of diabetes and enable them to treat and manage patients with diabetes better. One of the practice nurses was trained to carry out spirometry (testing lung function) for COPD patients and had recently updated her training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

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

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

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 and with the out of hours service.
- 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. Vulnerable patients, patients at risk and those on the palliative care register were prioritised through a flag on the clinical system. These patients were discussed at clinical meetings as needed.
- Regular monthly multidisciplinary palliative care meetings were held with the MacMillan and District Nurses. The practice ensured information pertinent to palliative care patients was communicated appropriately with other services.
- All patient deaths were discussed routinely within the practice with a view to monitoring and improving end of life care.
- GPs reviewed discharge notes daily for patients following emergency admission or discharge from hospital.

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. Patients were signposted to the relevant service.
- The health care assistant offered smoking cessation advice. Dedicated information boards were available in the practice and on the practice website.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 83% and the national average of 81%. 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. Data published in March 2015 showed that:

- 49% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 59% and the national average was 58%.
- 68% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and the national average was 72%.

Posters and information was available to encourage patients to attend screening appointments. GPs would also stress the importance during consultations.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98%, (national average 90%) and five year olds from 90% to 95% (CCG averages, 91% to 95%, national averages 88% to 94%).

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 years. The practice had invited 147 patients in this group, since 1 April 2015 and completed 52 of these checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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.

Of the 42 patient Care Quality Commission comment cards we received all except one card were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One card commented on difficulties getting appointments with a specific GP, however patients we spoke to on the day told us that they were able to see the GP of their choice.

We spoke with three patients and four 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. There were also several comments relating to the useful practice newsletter.

However, although comments we received during our inspection were positive, the results from the national GP patient survey published in July 2016 showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and above for those with nurses. For example:

- 65% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 61% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 57% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We discussed the results with the practice and they were aware of the low results for GPs. They felt that this was largely due to the number of locums used as patients want to see their regular GP. This was confirmed by the high results for nurses. We were told that they were continually trying to improve the consultation experience and to recruit permanent staff. We also reviewed the lead GPs appraisal results and patient comments on his performance and found that patients were satisfied with the care they received.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients gave mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results regarding the GPs were much lower than local and national averages. Results for nurses were in line with averages. For example:

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 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 80% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice recognised that these results were low and had tried to maintain continuity of care and consistency by using regular locums who had fixed clinical sessions. They had also ensured a female locum was available. We reviewed the GP appraisal results and asked patients questions relating to this, feedback and results we saw were all positive.

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 and a wide selection was available including community support groups, online services and lifestyle hubs.
- The practice also offered support and interpreter services for deaf patients.

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. Patients were provided with the opportunity to inform the practice at any time if they had caring responsibilities.

The practice had processes in place for identifying and supporting patients who were carers but at the time of inspection these were not working effectively. Immediately following our inspection the practice carried out an audit of records and found that while a number of patients who were carers had been identified that a miscoding within the system had resulted in lower reporting. On the day of inspection the practice register of all patients who were carers accounted for approximately 0.6% of the practice population. Following the audit the practice were able to demonstrate that approximately 1.4% of patients had been identified as having caring responsibilities.

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

Congratulations cards were sent to families on the birth of a new baby.

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 Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and pre dementia diagnosis.

- 24 hour blood pressure monitoring was available.
- The practice offered extended hours appointments twice a month on Saturday mornings, for patients unable to access appointments during the normal working week.
- The practice held a register of patients with dementia and invited these patients for annual reviews. From January to December 2016 the practice completed 5 out of 11 reviews, with the remaining patients due to be seen by the end of March 2017.
- Longer appointments were available for elderly patients or those with poor mental health or with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- Telephone consultations were available daily.
- Patients with mental health problems were invited to the surgery annually for a health review. The practice had recognised that many patients in this group did not attend appointments and had put in place a system to encourage attendance by keeping a record of these patients and members of the administration team telephoned patients to remind them of their appointments. Patients would also be reviewed opportunistically.
- Carers of patients with dementia were encouraged to attend appointments together and if this was not possible home visits were available.
- The practice had a 'Dementia' board in the waiting area with posters and information leaflets.

- The practice had worked closely with the local mental health teams to ensure they offered good support to patients with dementia. This included supplying the practice with information on resources available to patients and carers and training for staff.
- The practice had enrolled in the Electronic Prescribing Service (EPS).
- All patients over the age of over 75 years had a named GP.
- The practice had an in-house phlebotomy and spirometry testing service (testing for chronic obstructive pulmonary disease). In addition 24 hour blood pressure monitoring was available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included flu vaccination, phlebotomy and blood pressure checks.
- Patients were able to receive travel vaccinations available on the NHS, patients were referred to other clinics for vaccines available privately.
- The practice offered proactive care to meet the needs its population who were residents in care homes. Weekly visits were undertaken and ad hoc if required.
- The practice was actively promoting self-management of minor conditions by using posters, leaflets, newsletters and information on the website. One of the outcomes was to reduce inappropriate attendances at A&E.

Access to the service

The practice at Cater Street was open between 8am and 6.30pm Mondays to Fridays and. Saturday morning appointments were offered between 9am and 11am, twice a month for patients and students who cannot attend during normal working hours in the week. Appointments were available Monday to Friday between 8.30 am and 11.30am and 3pm and 6pm. At lunchtime, between 12.30pm and 1.30pm when the reception was closed an emergency mobile telephone number was available to contact the duty doctor.

The out of hours service was provided by BEDOC (Bedford Doctors On Call) and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

The practice told us that to address these low scores that they were continually reviewing the appointment system and it had recently been restructured to improve efficiency, including Saturday morning appointments for those unable to attend during normal hours. Audits were undertaken to monitor demand. Patients we spoke to said that it was easier now to get through on the telephone.

The practice had a system in place to assess:

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

Requests were received by receptionists and managed by the duty doctor who would action them appropriately. 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 patient liaison officer handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

We looked at seven complaints received from September 2015 to September 2016 and found these were dealt with in a timely way, with openness and transparency. 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. For example, we saw that when the practice received a complaint from a patient who was dissatisfied with the treatment they received, the practice discussed the complaint as a significant event before inviting the patient in. The practice reviewed and changed its protocols following the incident to reduce the risk of recurrence.

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 the excellent, accessible care to its patients. The practice also aimed to continually develop and meet new challenges to provide high quality personalised care. The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values. It detailed the practice philosophy of treating all patients with dignity and diversity. The practice goal was to provide a relaxed and friendly environment where patients had the choice of healthcare professionals and appointment times. The practice had a strategy and supporting business plan; referred to as the practice personal development plan, which reflected the vision and values and these 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. All policies and procedures were updated regularly and available on the practice shared drive that was accessible to staff at home as well as at the practice.
- A comprehensive understanding of the performance of the practice was maintained by the GP partners and the management team.
- 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 GP in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP was 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 GP and practice manager were responsible for ensuring that when things went wrong with care and treatment:

- The practice gave affected people support, an explanation, a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us 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. We noted team social events were held regularly to encourage integration within the team.
- Staff said they felt respected, valued and supported, particularly by the GP and senior manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was a suggestion box for patients in the waiting area and all suggestions were acted upon for example, there had been a request to put a clock in the waiting room so that patients knew how long they were waiting. The practice put a clock on the wall.

Are services well-led?

Good 

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

The practice acknowledged that patient survey results were low in some areas and were monitoring this and endeavouring to recruit permanent GPs to improve the situation.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was information on the practice website where patients had the opportunity to give feedback and a suggestion box in the waiting area. The PPG met twice a year and submitted proposals for improvements to the practice management team. For example, following feedback from the PPG the practice had introduced hand sanitisers in the waiting area.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, a practice newsletter had been suggested by a member of staff and had been taken forward with the team providing ideas and producing it on a quarterly basis.