

Bell House Medical Centre

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 Bell House Medical Centre on April 2014. 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 and all staff were aware and involved in issues relating to patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Generally patients said they found it easy to make an appointment although some patients reported having to wait longer if they wished to see a named GP. Patients told us they could always see a GP if they needed to with urgent appointments available the same day.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management and demonstrated evidence of a cohesive team. 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.

There were areas where the practice should make improvements:

- The practice should ensure that information regarding how to complain is provided in the waiting area.

Summary of findings

- Continue to carry out regular fire drills
- Continue to identify and support carers
- Review the practice business continuity plan routinely to ensure information remains up to date

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.

- There was an effective system in place for reporting and recording significant events and evidence that learning took place as a result of investigation of these.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, all staff were trained in safeguarding and the practice had a policy and lead GP to provide guidance to staff.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. For example, we saw evidence of audits carried out by the practice in response to changes in best practice from the National Institute of Care Excellence (NICE).
- Clinical audits demonstrated quality improvement in clinical areas, such as arthritis.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients spoke positively regarding their care and treatment at the practice and told us they were treated with compassion, dignity and respect. They reported feeling involved in decisions about their care and treatment and patient survey results aligned with these views.
- 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 maintained a register of carers and offered flu vaccinations and health checks to this group of patients.

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, for example, the practice were aware of the significant increase in patients at higher risk of diabetes and had taken steps to actively screen these patients.
- The practice engaged with the NHS England Area Team and Luton Clinical Commissioning Group to secure improvements to services where these were identified and participated in local enhanced service schemes.
- Patients said generally they found it easy to make an appointment but there was a longer wait for appointments with a named GP. They reported that they could always see a GP if they needs to with urgent appointments available the same day.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, but we noted this was kept behind the reception desk. There was information on the practice website which explained the complaints procedure which was easy to understand and we saw that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management and were aware of who was the lead GP for each area. The practice had a number of policies and procedures to govern activity and held regular meetings where governance was discussed.
- 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 partners and management were aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels and we saw evidence of feedback and briefing for staff in training as well as feedback from the CCG meetings and educational sessions.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and all patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs and held a list of patients who were housebound.
- Older patients at risk of admission to hospital, who were vulnerable or on the palliative care register were discussed at monthly multi-disciplinary meetings to ensure an holistic approach to care.
- The practice had reminders on the computer system to alert staff to older patients who required a health or medicine review.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had systems in place to address patients who did not attend for medication review and suffered with a long term condition.
- 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 care professionals to deliver a multidisciplinary package of care.
- The practice carried out audits to ensure best practice was provided to patients with long term conditions.
- The practice had access to an Asian dietician and language specific education programmes for patients with diabetes.
- The practice offered 'one stop' appointments for patients with more than one long term condition to prevent the need for several visits to the practice.

Good



Summary of findings

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 considered at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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.
- Cervical screening rates were 76% which were comparable with the national average of 74%.
- Appointments were available outside of school hours and whilst the front entrance to the practice was not easy for pushchair or mobility aid access, the practice had made provision for access via the back of the building.
- We saw positive examples of joint working with midwives and health visitors.
- Chlamydia screening was also offered to young people aged from 15 to 24 years.
- The practice had access to a mental health crisis team specifically for patients aged 16 to 35 years.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Post-natal checks were available which included depression screening and family planning advice and eight week baby checks were provided prior to immunisation.
- Patients who had suffered gestational diabetes were screened yearly for diabetes.

Good



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



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had recently employed two staff who could speak Bengali and Urdu to help patients whose first language was not English as there had been a significant increase in patients of this ethnic origin.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Information regarding about how to access various support groups and voluntary organisations was provided for vulnerable patients, for example the community drugs and alcohol service.
- 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.

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).

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared with the national average of 88%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- All new patients who were newly diagnosed with dementia were referred to the psycho-geriatrician.
- The practice had access to the mental health crisis team.
- 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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. There were 358 survey forms distributed and 118 were returned. This represented 1% of the practice's patient list and a response rate of 33%.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 five comment cards which were all positive about the standard of care received. Patients commented on specific members of staff who had assisted them and GPs and nurses who had helped them during difficult long term health issues.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they found the GPs caring and staff friendly and helpful.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure that information regarding how to complain is provided in the waiting area.
- Continue to carry out regular fire drills
- Continue to identify and support carers
- Review the practice business continuity plan routinely to ensure information remains up to date

Bell House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bell House Medical Centre

Bell House Medical Centre is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 9,600 patients living in Luton town centre and the surrounding areas. A GMS contract is a nationally agreed contract used for providing medical services.

The practice operates from a two storey building built in the 1930s. Access for patients with mobility difficulties or patients with young children using pushchairs could be gained from the rear of the building where a ramp had been made available. Consultations take place on both floors and the practice make arrangements for patients with mobility difficulties to be seen on the ground floor.

The practice population has a higher than average number of patients aged 0 to 10 years and 20 to 35 years and higher older population aged over 75 years. National data indicates that the area is one that experiences higher than average levels of deprivation. The practice population is diverse and made up of white British and patients of differing Asian ethnic origins, with a specific increase in Pakistani patients in recent years.

There are five GP partners; two female and three male GPs. The practice employ one practice nurse and two health

care assistants (HCA), a practice manager and deputy manager who are supported by a team of administrative and reception staff. The practice is a training practice which supports doctors who are carrying out training to be a GP.

The practice is open from 8.00am to 12.30pm and 1.15 to 6.00pm Monday to Friday. They provide extended hours appointments once a week until 9pm on alternate Mondays and Thursdays for pre booked appointments.

When the surgery is closed services are provided by Care UK out of hours provider who can be contacted via NHS 111. During core practice hours when the practice is closed, for example, 6pm until 6.30pm and during lunch times, the duty GP covers for patients contacting the practice.

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 visit on 14 April 2016. During our inspection we:

Detailed findings

- Spoke with a range of staff including a nurse, a health care assistant, the practice manager, four GPs, reception and administration staff, patients who attended the practice that day and members of the patient participation group.
- Observed how patients and their families were assisted by staff during their visit to the practice.
- Reviewed the use of the clinical system and templates to treat patients as well as staff records..
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice manager and staff told us when significant events occur they are reported to the practice manager and logged in a book. These were discussed at weekly partners meetings and staff were informed of the outcomes and changes to be implemented as a result of investigation of the events. This was carried out both verbally and also sent out in written form to staff outlining the points discussed. During protected learning sessions the learning outcomes of these were discussed with all staff. The review of the events demonstrated that the practice ensured incident reporting and documenting 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw from the significant event review that the practice carried out a thorough analysis of the significant events and ensured improvements in systems as a result. For example, we saw that additional staff training had been identified and there had been changes in checking procedures prior to issuing of certain prescriptions.

We reviewed safety records, incident reports, MHRA (Medicines and Health regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, the practice had carried out audits to identify patients on certain medicines who needed review as a result of a medicines safety alert.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child safeguarding; level 3 and the practice nurse was trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the lead for infection control and had received training for the role and update training had been arranged for the following month. There was an infection control protocol in place and staff had received up to date training. We saw an infection control audit had been carried out six months ago and that actions had been taken to address improvements necessary. For example, they had carried out a handwashing audit for all staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We noted that the stocks of computer printed prescriptions were stored behind the reception which could not be locked overnight. However, the practice responded immediately and provided evidence that they had been moved to a lockable room on the first floor. Patient Group Directions had been adopted by the practice to allow the nurse 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 which the practice arranged electronically. One GP reviewed all relevant patients to determine suitability for the prescription and indicated using a flag system those patients who could be given the medicine.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, we saw proof of identification, and two references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- All electrical equipment had been checked in December 2015 to ensure the equipment was safe to use and clinical equipment had been checked and calibrated in September 2015 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). Staff had received training in legionella risk assessment and undertook monthly tests in response to the legionella risk assessment which had been carried out in September 2014 by an external company.
- 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 and staff were trained in all areas of reception and administration work to enable them to cover for each other during busy times and in the event of illness or absence.

Arrangements to deal with emergencies and major incidents

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

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. We noted there was no formal health and safety risk assessment, but a basic checklist was in use. The head receptionist carried out a monthly inspection of the premises and kept a log. However, following our inspection the practice manager submitted a formal assessment form which they had implemented. The practice manager and head receptionist had received training in fire risk assessment and undertook this regularly. They also ensured training of staff, carried out fire drills and checked alarm points and exits monthly. We noted that the last fire drill was in January 2015, however, following our inspection the practice manager submitted evidence to demonstrate they had discussed this in a practice meeting and arranged a fire drill. They were also adding formal external training to their protected learning time schedule in addition to their in house training.
- There was an panic button on the telephone system which relayed a message to all phones in the building which alerted staff to an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the nurse's treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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. This required updating as it had last been reviewed in 2011. However, the information remained accurate and relevant and following our inspection the practice manager submitted a fully updated and formally reviewed copy.

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. We saw that the GPs reviewed care provided to patients in response to changes in NICE guidance, for example, we saw they had carried out a drug monitoring review for patients taking a specific medication which required close monitoring.

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 discussed changes in NICE guidance at partners meetings and planned audits accordingly.

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 practice had achieved the maximum QOF points in the most recently published results for 2014/15. The practice exception reporting rate was 15% which was higher than the CCG average and national average of 9.2% . (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 practice had a robust system for recalling patients on the QOF disease registers and had a lead GP responsible for QOF. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being excepted. They also reduced repeat medications to one month and then two weeks supply if patients did not attend for review following three invitations to encourage attendance.

The practice had identified that they had a significant increase in the number of patients of Asian ethnic origin and as such were aware that these patients were at greater risk of developing diabetes. They maintained a register of

patients who are at risk of developing diabetes and those patients who had experience gestational diabetes during their pregnancy to ensure they were monitored. All new patients at high risk of diabetes who joined the practice were offered screening.

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

- Performance for diabetes related indicators was better than the national average. For example, The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 84% compared to the national average of 81%
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 85% comparable with the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been two full cycle clinical audits completed in the last two years, where improvements in patient care had been implemented and monitored. For example, we saw the practice had put additional flags on their system to identify patients in need of specific tests and investigations annually and raised staff awareness of the need for monitoring specific patients. The practice planned to develop an advice leaflet for patients commencing on medicines which required close monitoring. They also planned to send telephone text reminders to students who needed to attend for monitoring.
- The practice participated in local audits, national, accreditation, peer review and research. They attended local CCG meetings and participated in benchmarking with other practices for example, regarding prescribing.

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 fire safety, health and safety and confidentiality and whilst new staff were briefed in safeguarding and infection control

Are services effective?

(for example, treatment is effective)

during their induction, it was not included in the induction policy. Staff then had formal training in safeguarding after their induction. Following our inspection the practice manager confirmed this had been added to the policy.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had undertaken a certificate in diabetes and recent respiratory and spirometry update training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and we saw evidence of recent update training within the last year.
- 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. All staff had received an appraisal within the last 12 months. Staff we spoke with told us the GPs were approachable and they could go to them at any time for advice and support with clinical issues. We spoke with a GP registrar who reported that they were well supported and had a daily debrief with their supervisor to discuss the patients they had attended.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules, in-house training and monthly protected learning sessions.

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.

Discharge summaries were received by the patients named GP and they were responsible for taking the appropriate action which was recorded in the patients record. During times of leave or sickness these were checked by an allocated GP.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. The practice gained written consent for all invasive minor surgery procedures which were scanned into the patient's record and we saw the practice had carried out an audit to monitor this process.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 requiring help with weight loss and exercise were referred to 'Live Well' a service which provided support and advice to patients with these issues.

Are services effective? (for example, treatment is effective)

Patients who were known to have a problem with drug abuse were flagged on the clinical system to alert staff to their potential problems and allow them to signpost to the relevance support service. There was a dietician who spoke some of the more popular Asian languages who attended the practice to assist patients who did not have English as their first language. The practice also referred patients to a Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) programme for Bengali and Urdu speaking patients.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 69% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. Women who had suffered with gestational diabetes were offered annual blood tests by the practice.

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

The practice had access to Luton wellbeing counselling service and patients could also self-refer. The practice could also refer to the mental health crisis team and had access to this service specifically for young people aged 16 to 35 years to provide support when they had a mental health crisis. All patients newly diagnosed with dementia were referred to psycho-geriatrician who had specialist knowledge in this condition.

Childhood immunisation rates for the vaccinations given were higher than the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 93% to 98%. The practice offered eight week medical checks for babies along with postnatal checks for new mothers. Chlamydia screening was also offered to young people aged from 15 to 24 years.

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. 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.

- The GP's consulting rooms had a separate examination room which ensured privacy. Curtains were provided in the nurse's treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place could not be overheard.
- If patients needed to speak to reception staff in private or appeared distressed they would find a vacant consulting room to talk to them and discuss their needs.
- The practice had acknowledged that ensuring privacy when patients attended the reception desk was an issue due to the layout of the practice and had the radio playing to reduce the possibility of being overheard.

All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They commented on the patience and kindness of all staff in the practice.

During our inspection the patient participation group (PPG) were in attendance as they were raising awareness of the group. We spoke to a member of the PPG and five other patients who told us the GPs and other staff at the practice were caring and they received a good service all overall and that 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% 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%.
- 86% 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%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% 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 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 and patients commented on specific staff highlighting their strengths in this area. We saw examples of personalised care plans, such as for patients with mental health problems.

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:

- 86% 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%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.

Are services caring?

- The practice had employed two new members of staff who spoke Bengali and Urdu and some of the GPs also spoke other languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice had an information folder in the waiting area which patients could access useful information about resources available to them.

The practice had a carers notice board in the reception area notifying patients of support available. There was a protocol to inform staff of what to do if carers were

identified. These patients were read coded and the practice's computer system alerted GPs if a patient was a carer. The practice had identified 107 patients as carers which represented approximately 1% of the practice list. Carers were offered flu vaccinations and health checks and directed to the carers association for additional support. They offered more adaptable services when accommodating carers, for example, those who found it difficult to get to the surgery were visited at home to provide their flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them and would decide following discussion with the family the level of support required and signposted accordingly. They were also sent a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified the increasing number of patients from Asian ethnic origin and noted the need for more robust diabetes screening and monitoring.

- The practice offered extended hours appointments one evening a week until 9pm for the GPs, nurse and HCA appointments for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients and carers 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had addressed accessibility issues for patients with mobility difficulties and pushchairs by making a ramp available at the back of the building to allow them to enter the building safely.

Access to the service

The practice was open from 8am until 12.30pm and 1.15pm until 6pm Monday to Friday. During lunch times and from 6pm until 6.30pm the duty GP covered telephone calls from patients calling the practice. Appointments were available during these times daily and extended hours appointments were offered one evening each week on alternate Mondays or Thursday until 9pm. The practice offered flexibility of appointments which included pre-bookable appointments that could be booked up to six weeks in advance, pre-bookable 48 hours in advance and on the day appointments. Urgent appointments were also available for people that needed them and were dealt with by the duty GP.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Appointments were bookable online, at the reception area or by telephone. Patients told us on the day of the inspection that they were able to get appointments when they needed them but appointments for a preferred GP could take longer. Whilst the practice did not operate routine telephone appointments, staff told us that if patients needed to speak with a GP they would arrange for clinicians to call them back.

There were systems in place to ensure that children and the elderly were seen on the day and staff told us they would always accommodate patients with multiple conditions. Staff were made aware by a flag on the system of patients who were at risk, who were frequent attenders at A&E and those who were frequently admitted to hospital. 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 written complaints in the practice and initial verbal complaints were dealt with by the head receptionist and escalated as appropriate.
- Information leaflets were available to help patients understand the complaints system but we noted these were kept behind the reception desk and provided on request. However, there was clear information regarding how to complain on the practice website.

We looked at three complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. We saw that outcomes from complaints had

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

been discussed at practice meetings and learning had been shared with staff. For example, reinforcement of the need to ensure patients understanding of their condition and reasons for treatment given.

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 ensuring inclusion service and a tailored service to the needs of the practice population. The practice demonstrated a commitment to ensuring a team approach to care involving all members of the team with good communication as a part of this and all staff were aware of the practice vision. 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. For example, all GPs had lead roles in areas where they had specific knowledge or interest and additional training, such as diabetes, minor surgery and safeguarding. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff told us they had access to practice specific policies and we saw evidence of these and that staff followed the guidance contained within them. Staff demonstrated a comprehensive understanding of the performance of the practice, for example, there was a lead GP for the QOF and staff were made aware of areas which required specific focus. We saw that clinical and internal audit was used to monitor quality and to make improvements, for example, we noted the practice had carried out audits to ensure appropriate and optimum treatments for patients following reviewed national guidance. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice demonstrated how they prioritised safe, high quality and compassionate care and that they had the experience, capacity and capability to achieve this. They told us that they valued the established, stable workforce, which contributed to the high level of service they offered to patients. They had also welcomed new staff to the practice to develop and support the team further. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. For example, we saw when we reviewed complaints and significant events that the practice gave affected people reasonable support 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 regular team meetings and we saw minutes of meetings to confirm this.
- 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. The practice met outside the practice twice a year to promote team building.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they were involved in working with the practice to invite guest speakers to inform the group of local services, such as Healthwatch and management of specific long term conditions. The

Are services well-led?

Good 

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

PPG were also working to increase their membership and had attended the practice on the day of inspection to provide information about the group and encourage membership.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The GPs had worked to develop and increase the diabetes and other long term conditions registers following a review of changes in the practice population and as a result had implemented more focussed and appropriate screening services for patient.