

Sundon 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 Sundon Medical Centre on 29 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had a clear vision to deliver high quality care, promote good outcomes for patients and to be caring, show compassion and understanding.
- Patients said they were satisfied with the care they received and thought staff were respectful and caring. They commented they had sufficient time in their consultations and said they felt listened to by the GPs.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- At both surgeries there were facilities suitable for people with disabilities and patients with young children that included a ramp at the entrance, access enabled toilets and baby changing facilities.
- There was a clear leadership structure and staff felt supported by management. The practice 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.
- Patients with dementia were signposted to a project, run by a local church and supported by the practice,

Summary of findings

called the Singing Café. This was for patients of any denomination to attend to either sit and listen or join in and sing and dance with the aim of improving physical and mental wellbeing.

The area where the provider should make improvement are:

- Continue to identify and support carers.
- Continue to further develop the patient participation group.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Appropriate recruitment checks had been undertaken prior to employment of staff.
- Arrangements were in place to deal with emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98%, with 8% exception reporting, compared to the CCG average of 92%, with 7% exception reporting and the national average of 89%, with 8% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. There had been four clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- There were lead GP partners for specific disease areas.
- 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care. For example, 91% 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%.
- Patients said they were satisfied with the care they received and thought staff were respectful and caring. They were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 83 patients as carers, this equated to approximately 1% of the practice list.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Luton Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of other services to practices in the areas, including dermatology, vasectomy, joint injections and haemorrhoid treatments.
- 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.
- At both surgeries there were facilities suitable for people with disabilities and patients with young children that included a ramp at the entrance, access enabled toilets and baby changing facilities
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision to deliver high quality care, promote good outcomes for patients and to be caring, show compassion and understanding. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures in place 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 had a virtual patient participation group who were contacted via email and post to complete surveys for the practice.
- The practice made use of the friends and family test and the most recent published results showed 95% of respondents would recommend the practice.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of hospital admission were identified and their care reviewed with the multi-disciplinary team to put in place proactive care to prevent admission.
- Home visits for blood tests for warfarin monitoring were available for the housebound.

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 lead GP partners for specific disease areas.
- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98%, with 8% exception reporting, compared to the CCG average of 92%, with 7% exception reporting and the national average of 89%, with 8% exception reporting.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 80% and the national average of 81%.
- Chlamydia screening was offered opportunistically to patients aged 15 to 24 years of age and the practice participated in the c-card scheme that offered free barrier methods of contraception to this age group.
- 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.
- Chlamydia screening was offered opportunistically to patients aged 15 to 24 years of age.

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.
- Extended opening hours were offered two evenings a week.
- 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. For example,
 - 69% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 69% and the national average of 72%.
 - 58% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 50% and the national average of 58%.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. All of these patients were offered an annual health check. The practice had 17 patients on the register and 15 of these had received a check in the previous 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers this equated to approximately 1% of the practice list.

People experiencing poor mental health (including people with dementia)

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

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- Patients with dementia were signposted to a project, run by a local church and supported by the practice, called the Singing Café. This was for patients of any denomination to attend to either sit and listen or join in and sing and dance with the aim of improving physical and mental wellbeing.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing better than local and national averages. There were 242 survey forms distributed and 110 were returned. This was a 45% completion rate and represented approximately 1.5% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. The practice was described as friendly, caring and professional. Patients said they were treated with dignity and respect and the service was good.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were respectful and caring. They commented they had sufficient time in their consultations and said they felt listened to by the GPs.

Sundon 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 adviser and a practice manager specialist adviser.

Background to Sundon Medical Centre

Sundon Medical Centre provides a range of primary medical services to the residents of Sundon Park, Luton and Harlington and the surrounding villages. The practice provides services from its current location of Sundon Medical Centre, 142-144 Sundon Park Road, Luton, Bedfordshire, LU3 3AH and its branch surgery location of Harlington Surgery, Westoning Road, Harlington, Bedfordshire, LU5 6PB. The branch surgery has a dispensary and dispenses prescribed medicine for the registered patients who live within 1.5 miles of the surgery.

The practice population is predominantly white British with a higher than average 45 to 59 year age range. National data indicates the area is one of mid deprivation. The practice has approximately 7,300 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England and GP Practices.

The practice is led by four GP partners, three male and one female. The nursing team consists of two practice nurses and a health care assistant, all female. There are a team of reception, administrative staff and a dispenser all led by a practice manager. Sundon Medical Centre is a training practice and at the time of the inspection had two GP registrars, qualified doctors training to become GPs.

Sundon Medical Centre is open from 8am to 6.30pm Monday to Friday and offers extended opening hours two evenings a week until 8pm on Tuesdays and either Wednesday or Thursday. Harlington Surgery is open from 8.45am to 1pm Monday to Friday.

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

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 29 June 2016.

During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager, the dispenser and reception and administrative staff. We also spoke with patients who used the service.

Detailed findings

- Observed how staff interacted with patients and their family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. There was a process in place for the management of alerts. The practice manager disseminated them to the relevant practice staff and kept a record of the actions taken. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, following an incident where important information was added in free text to a discharge letter and was not acted on initially, the practice implemented a process that ensured all GPs received a paper copy of discharge letters in addition to a scanned electronic copy to make it easier to read any additional free text notes.

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 on the practice

computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and contact details were displayed on the walls of the treatment and consultation rooms. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and 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 and nurses were trained to an appropriated level to manage child safeguarding (level 3).

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the GPs and a practice nurse were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had supplies of personal protective equipment and spillage kits were available for the cleaning of bodily fluids.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 Luton CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in

Are services safe?

line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

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

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice manager had completed an audit of the work carried out by the nursing team and identified the need for a health care assistant to be employed. Administrative and reception staff were multi-skilled so they could cover for each other's absences and leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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. A copy of this was kept of site with a box of equipment to use in case of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 99% of the total number of points available with an exception rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98%, with 8% exception reporting, compared to the CCG average of 92%, with 7% exception reporting and the national average of 89%, with 8% exception reporting.
- Performance for mental health related indicators was similar to the local national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the

preceding 12 months was 78%, with 3% exception reporting, compared to the CCG average of 87%, with 7% exception reporting and the national average of 84%, with 7% exception reporting.

The practice had lead GP partners for specific disease areas. The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus. Staff informed us that patients who did not attend for their annual diabetic review were sent a letter detailing the complications of diabetes and the importance of regular checks.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. They met with other practices in their locality every six weeks to look at performance and areas of improvement.
- Findings were used by the practice to improve services. For example, the practice had taken part in a CCG audit that looked at the volume of patients not attending for appointments and made a decision to implement a reminder text service.
- Dispensing review use of medicines (DRUM) audits were completed for patients using the dispensary to look at wastage and side effects of medicines received. These audits identified the need to delete unused medicines from repeat prescriptions.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nursing staff had undertaken training for

Are services effective?

(for example, treatment is effective)

the management of a variety of conditions including minor illnesses, chronic obstructive pulmonary disease (COPD), asthma and diabetes. They were also trained to give family planning advice.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The 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 nursing staff. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

The practice had worked in collaboration with community services and other practices in the locality to develop an integrated care service which identified patients at risk of admission to hospital and put in place proactive care to prevent admission. They had a multi-disciplinary team co-ordinator who used a risk stratification tool to identify these patients. The practice had 120 patients on their avoiding unplanned admissions register who had care plans and were regularly reviewed.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to relevant support services.
- Children identified as obese were referred to a family dietician at the local Livewell Luton service.
- Chlamydia screening was offered opportunistically to patients aged 15 to 24 years of age and the practice participated in the c-card scheme that offered free barrier methods of contraception to this age group.
- Patients with dementia were signposted to a project, run by a local church and supported by the practice,

Are services effective?

(for example, treatment is effective)

called the Singing Café. This was for patients of any denomination to attend either to sit and listen or join in and sing and dance with the aim of improving physical and mental wellbeing.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 80% and the national average of 81%. 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. For example,

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

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, the practice achieved a 90% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 90%. For MMR vaccinations given to five year olds, the practice achieved an average of 89% compared to the national average of 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had a register of patients with a learning disability. All of these patients were offered an annual health check. The practice had 17 patients on the register and 15 of these had received a check in the previous 12 months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. The practice was described as friendly, caring and professional. Patients said they were treated with dignity and respect and the service was good.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. They stated that the GPs listened to the patients' needs and treatment was carried out in a timely way.

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:

- 91% 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 83% 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%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients said they were satisfied with the care they received and thought staff were respectful and caring. They commented they had sufficient time in their consultations to make an informed decision about the choice of treatment available to them and said they felt listened to by the GPs. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- There was a hearing loop for patients with difficulty hearing.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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. There were links on the practice website to the NHS Choices website and the Patient UK website for patients to access information and further advice on their conditions.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers this equated to approximately 1% of the practice list.

Carers were offered an annual flu vaccination. There was a carers lead and a carers noticeboard in the waiting area with written information to direct carers to the avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours two evenings a week until 8pm. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Home visits for blood tests for warfarin monitoring were available for the housebound.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Appointment booking and repeat prescription requests were available online.
- The practice was using the electronic prescription service and the branch surgery in Harlington had a dispensary and dispensed medicine to registered patients who lived within 1.5 miles of the surgery.
- At both surgeries there were facilities suitable for people with disabilities and patients with young children that included a ramp at the entrance, access enabled toilets and baby changing facilities.
- A midwife visited the practice weekly.
- Translation services and a hearing loop were available. Patients with a visual impairment had an alert on their patient record to advise staff that assistance may be needed.
- The practice provided a range of other services to practices in the areas, including dermatology, vasectomy, joint injections and haemorrhoid treatments.

Access to the service

Sundon Medical Centre is open from 8am to 6.30pm Monday to Friday and offers extended opening hours two evenings a week until 8pm on Tuesdays and either Wednesday or Thursday. Harlington Surgery is open from 8.45am to 1pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Urgent requests were reviewed and actioned by the duty GP for the day. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk and there was information on the practice website.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons

Are services responsive to people's needs?

(for example, to feedback?)

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, the practice arranged communication skills training for the reception staff following a complaint about their professionalism.

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, promote good outcomes for patients and to be caring, show compassion and understanding.

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

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings every six weeks.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice implemented a process to ensure that repeat prescriptions for controlled drugs were signed for on collection following suggestions from staff.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The virtual PPG were contacted via email and post to complete surveys for the practice. For example, they were consulted on the support services patients were referred to to maintain healthier lives.

Are services well-led?

Good 

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

- The practice made use of the friends and family test a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results showed 95% of respondents would recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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.

One of the GPs provided minor surgery for patients at the practice and took referrals from other practices in the locality. One of the other GPs in the practice was undergoing training to support this service.

The practice was a training practice and had two GP registrars each year. All the GPs were involved in supervising the training and giving tutorials.

Continuous improvement