

# Dr SP Hughes and Partners

## Quality Report

### The Surgery

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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 Dr SP Hughes and Partners on 17 May 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.
- Practice staff had developed good working relationships with community teams to ensure continuity of care.
- The practice monitored performance using 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). We saw evidence of progress in performance as a result of regular monitoring and improvement work.

- 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 were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management
- Partners were visible and supported all areas of the practice.
- The practice had an effective in-house training programme and encouraged staff development.
- The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The practice worked closely with the patient participation group.
- The practice had been awarded the Practice Team of the Year Bedfordshire and Hertfordshire for 2016.
- The provider was aware of and complied with the requirements of the duty of candour.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- 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 support, an explanation of events 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.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.
- Risks to patients were assessed and well managed and the practice had a thorough process for carrying out regular risk assessments.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice encouraged patients to attend national screening programmes for cervical, breast and bowel cancer.

Good



# Summary of findings

## 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,
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 87%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 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 approximately 1% of patients as carers and was continuing to identify and support carers within their population.

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 the Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example,
- the practice offered a range of enhanced services including avoiding unplanned admissions to hospital and minor surgery.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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



# Summary of findings

- Pre-bookable appointments that could be booked up to five weeks in advance, urgent on the day appointments were also available for people that needed them. Appointments could be booked in person, on the telephone, on line or via the practice website.
- 86% of patients said they could get through easily to the practice by phone higher than the CCG average of 76% and the national average of 73%.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and the practice had developed an informative leaflet for travellers.

## Are services well-led?

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

- The practice had a clear vision to deliver high quality health care in a responsive, supportive, courteous and cost effective manner with equality for all patients as a focus.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Partners took an interest in all areas of the practice and sat in on all departmental meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice was engaged with the patient participation group (PPG) and encouraged them to provide feedback on areas of improvement.
- The practice had been awarded the Practice Team of the Year Bedfordshire and Hertfordshire for 2016.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided influenza, pneumonia and shingles vaccinations.
- All patients in this group had a named GP and the practice recorded information in the patient record regarding next of kin and carers.
- The practice worked closely with community staff including district nurses and community matrons to support these patients. Monthly multi-disciplinary team (MDT) meetings were held with these staff to discuss frail, housebound and/or elderly patients with complex needs.
- A medicine delivery service was provided for patients unable to go to the practice dispensary.
- The surgery adopted a number of measures aimed at helping elderly patients and those with sensory problems. There was an induction hearing loop system in the waiting room and signage was regularly reviewed to ensure that it was clear.
- There was a drop off point for disabled patients outside the front door at the main surgery and wheelchair access was available. There was also designated disabled parking at the branch surgery.

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.
- Performance for diabetes related indicators was higher than the Bedfordshire Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 86%, where the CCG average was 76% and the national average was 78%.

Good



# Summary of findings

- The percentage of patients with hypertension having regular blood pressure tests was 84%, the same as the CCG and national averages of 84%. Exception reporting for this indicator was 2% compared to the CCG and national averages of 4%.
- 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 multi-disciplinary package of care.
- Patients with long term conditions were included on the avoidance of unplanned admissions scheme.
- Some patients had advanced care plans including end of life planning.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG average of 83% and the national average of 82%.
- 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.
- Family planning and contraceptive advice was available.
- Early morning and late afternoon appointments as well as a number of 'book on the day' appointments were available and reception staff were trained to understand the needs of this group.
- The practice participated in health promotion programmes aimed at reducing sexual health risks including contraception and safe sex advice and screening for sexually transmitted diseases including Chlamydia. The practice provided a wide range of contraception services.

Good





# Summary of findings

- The practice held fortnightly childhood immunisation clinics and an eight week baby check, GP clinics for babies were available at the same time. These clinics enabled the teams to offer a multi-disciplinary approach to safeguarding and child health.

## **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.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- GP appointments were available from 8.00am to 6.00pm and an extended hours service was available until 7pm, twice monthly.
- The practice provided an online access service for patients which included booking and cancelling appointments, requesting repeat prescriptions, viewing test results and sending messages to the surgery regarding prescriptions. The practice also had a website with links to online services.
- Smoking cessation clinics were available at the practice and advice or referrals could be carried out to specialist services for weight management.

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations some of which had rooms within the practice

Good



# Summary of findings

- 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.
- Vulnerable adults were identified and discussed at multi-disciplinary team (MDT) meetings and regular meetings were held with health visitors when vulnerable children were discussed.
- The practice had a system for recording vulnerable patients on the clinical system
- The practice held palliative care meetings involving district nurses, community matrons Macmillan nurses, GPs and other local support organisations.
- The practice had identified 146 patients (approximately 1% of the practice list) as carers. The practice was making continued efforts to identify and support carers in their population.
- The reception manager was the carers lead.
- The practice hosted a drug and alcohol worker as well as counsellors and wellbeing workers.

## 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).

- 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG and national averages of 84%.
- Performance for mental health related indicators were otherwise comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 95% where the CCG average was 87% and the national average was 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 support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.

Good



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice held clinics throughout the year to carry out health checks for this group.
- There was a lead GP for patients experiencing mental health issues.
- The practice worked closely with the local Alzheimer's Society, they also attended the practice annual health evening for patients and the practice flu clinics to offer support.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 220 survey forms were distributed and 120 were returned. This represented a response rate of 55% and represented approximately 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national averages of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive

about the standard of care received. Overall, patients highlighted that they felt listened to, that the practice offered an excellent, accessible service and staff were helpful and attentive. We received one comment regarding long waiting times to see a specific GP, however the practice had looked to improve this and offered appointments with GP registrars assigned to specific GPs.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us that they received good care from all the GPs and nurses at the practice and that they felt involved in their care and treatment. We were also told that all staff treated patients with sincere kindness.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from October 2015 to March 2016 showed that 88% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

# Dr SP Hughes and Partners

## 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 CQC Pharmacy Specialist and a practice manager specialist advisor.

## Background to Dr SP Hughes and Partners

Dr Hughes and Partners provide primary medical service to the village of Barton Le Clay in Bedfordshire. The practice operates from **The Surgery**, Hexton Road, Barton-le-Clay, Bedfordshire, MK45 4TA and has a branch surgery at **The Health Centre**, Gooseberry Hill, Luton, Bedfordshire, LU3 2LB. Regulated activities are carried out at both sites with one patient list, the branch surgery was not inspected on the day of inspection.

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

The practice serves a population of approximately 11,300 patients with slightly higher than average population of males and females aged 45 to 79 and marginally lower than average population of male and female patients aged 0 to 9 years and 15 to 39 years. The practice population is largely White British. National data indicates the area served is one of low deprivation in comparison to England as a whole.

The practice is based in a purpose-built building, constructed in 1985. Situated in a medium size village with

a semi-rural surrounding area. All patient contact is on the ground floor which is accessible for patients in wheelchairs and pushchairs. Patient parking is available on site as the surgery is built behind the Village Hall and the practice pay for the use of their car park. There are designated disabled parking spaces available.

The practice includes a dispensary, which dispenses medicines to approximately 25% of the registered population. A delivery service is also provided for patients over the age of 60 and vulnerable patients who are unable to access the dispensary or local pharmacies.

The staff team consists of two male and four female GP partners. The GP's are clinically supported by four practice nurses and a health care assistant. There is a practice manager, a reception manager and a number of team leaders who manage the administrative staff. There is a dispensary which is managed by a dispensing manager and four dispensers; the practice also employs a dispensary driver who delivers medicines to patients unable to get to the surgery.

This is a teaching practice which takes up to four GP registrars at any one time. The practice has three GP trainers and one associate trainer including one of the GP partners being a training programme director.

The practice is open between 8.30am to 6.30pm Monday to Friday. The dispensary is open during surgery hours but is closed each day between 12.30pm and 2.30pm. Appointments are available from 8am and the practice offers extended hours appointments until 7pm, twice each month.

For patients requiring the services of a GP outside of normal surgery hours the practice use an out of hours service which is provided by Care UK. Information about this is available in the practice and on the practice website and telephone line.

# Detailed findings

The services provided at this location include midwifery, childhood immunisations, childhood surveillance, minor surgery, travel clinics, joint injections, cryotherapy, family planning, antenatal/postnatal care, sexual health, diagnostic and screening procedures, cervical screening, immunisations and minor illness.

## 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

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 17 May 2016.

During our inspection we:

- Spoke with a range of staff GPs, practice nurses, the practice manager and administration team leader, dispensary staff and members of the administration team and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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 support, an explanation and 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. All events were discussed at practice meetings and we saw evidence of action plans and identified learning points.

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. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, on receipt of an alert regarding blood testing strips for monitoring diabetes the practice passed the alert to the dispensary staff for them to check patients that may have been affected. A report was then created to identify all patients issued with a prescription for the affected blood glucose strips. This alert was then discussed at the next clinical meeting and the practice reviewed protocols and agreed any necessary changes. All notifications were discussed at weekly meetings.

### 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. The practice recorded in the patient's notes any children on the child protection register or children who may be at risk. Vulnerable adults were also identified and discussed at multi-disciplinary team (MDT) meetings. Regular meetings were also held with health visitors where all vulnerable children were discussed. We saw the minutes from these meetings.

- 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 (level 3) and adult safeguarding.
- 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 but not all staff 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). To mitigate risk the practice had a comprehensive risk assessment in place for those administration staff who had not had a DBS check, this reflected the practice policy for carrying out the chaperone role.
- One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 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.

## Are services safe?

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) 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 (SOPs) 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.

### 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 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.

### 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 and there were emergency medicines available in the treatment room.
- 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 suppliers and staff and a copy was held off site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 were 98% of the total number of points available. The practice had a GP lead for QOF and this was an agenda item at all monthly meetings. This practice was not an outlier for any QOF (or other national) clinical targets. Data published October 2015 showed:

- Performance for diabetes related indicators was comparable to the Bedfordshire Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 86%, where the CCG average was 76% and the national average was 78%. Exception reporting for this indicator was 10% compared to CCG and national averages of 12%. (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).

Performance for mental health related indicators was comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 95%

where the CCG average was 87% and the national average was 88%. Exception reporting for this indicator was 9% compared to a CCG average of 15% and national average of 13%.

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 91% where the CCG and national averages were 84%. Exception reporting was 14% compared to a CCG and national averages of 8%.

We discussed this area of above CCG and national average exception reporting for the 2014/2015 year with senior clinical staff during our inspection. We also looked at individual examples of why patients had been exempted. We found that in all the cases we looked at the exception reporting was clinically appropriate. Also, the practice was able to demonstrate that exception reporting for the 2015/2016 year had reduced.

- The percentage of patients with hypertension having regular blood pressure tests was 84% which was comparable with the CCG and national averages of 84%. Exception reporting for this indicator was 2% compared to a CCG and national averages of 4%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, one of these was a completed audit where the improvements made were implemented and monitored. For example, an audit was undertaken for patients suffering from atrial fibrillation (AF). (Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate). The audit had been repeated annually for two years since September 2014. The audit had enabled the practice to improve their diagnosis and treatment of AF patients. They had identified 52 patients with AF in September 2014 and 49 patients with AF in September 2016. In the first cycle of the audit 12 patients were identified as not having had a review and all were invited to

# Are services effective?

## (for example, treatment is effective)

attend an appointment. Also it was identified that many of these patients had been incorrectly coded on the clinical system. In the second cycle, 9 patients were identified as not having had a review.

### 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 areas as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All areas were signed off by the supervising individual and the member of staff once completed.
- 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. We saw evidence that the practice nurses had completed training in specific conditions such as chronic obstructive pulmonary disease (COPD), asthma and diabetes and leg ulcer treatments and dressings. The practice also had lead GPs with specific responsibilities for diabetes and respiratory conditions.
- 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. 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, or after they were discharged from hospital. Meetings took place with other health care professionals for example, district nurses, health visitors, counsellors, the community matron and Macmillan nurses. These took place on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG average of 83% and the national average of 82%. 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 information for those with a learning disability. They also 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

- 81% of females, aged 50-70 years, were screened for breast cancer in last 36 months higher than the CCG average of 74% and the national average of 72%.
- 69% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months higher than the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and five year olds from 96% to 100%. The CCG averages were 94% to 98% and 92% to 98% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for patients aged 40 to 74 years. At the time of our inspection for the period 2015 - 16 the practice had completed 601 health checks for this group of patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 23 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.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One card commented that it was difficult to get an appointment with a specific GP, the practice told us that they were trying to address this issue.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice results were in line or above for satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% 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 94% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website, including mental health, bereavement and carers support organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 146 patients as carers (approximately 1% of the practice list). The reception

manager was the practice carers champion and had considered carers as the main focus of a business development project. This was to ensure focus in increasing the number of carers identified.

The practice had arranged a carers event in June 2016 with external organisations, for example Age UK and the Alzheimer's Society, Carers in Bedfordshire were also present to offer information and support to patients and their carers.

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

# 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 Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments twice each month until 7pm for 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.
- 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. The practice had developed an informative leaflet for travellers including hints on keeping well whilst on holiday.
- The surgery had adopted a number of measures aimed at helping patients with limited mobility or experiencing sensory problems. There was an induction hearing loop system in the waiting room and we were told that signage was regularly reviewed to ensure that it was clear for patients.
- There were disabled facilities within the buildings and a designated disabled parking space was available at the branch surgery. The management team and patient participation group (PPG) were endeavouring to replicate this provision at the main site. There was a drop off point for disabled patients outside the front door at the main location and wheelchair access was available.
- The practice encouraged patients to make use of the local village voluntary help schemes. These were advertised on the PPG notice board at the practice.
- The practice dispensary provided a delivery service of medication to patients who had been identified that were unable to come to the practice dispensary.
- Translation services available for patients for who English was not their first language.

### Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday with the exception of Wednesdays when the practice closed at 12.30pm. The dispensary was open in surgery hours but is closed each day between 12.30pm and 2.30pm. Appointments were available from 8am daily.

In addition, pre-bookable appointments were available that could be booked up to five weeks in advance, urgent on the day appointments were also available for people that needed them. Appointments could be booked in person, on the telephone, or online via the practice website.

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.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.

The practice recognised that these figures were lower than local averages and had implemented changes to the appointment system and information regarding this was available in leaflets in the waiting area and on the practice website.

- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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.

Patients were able to telephone the practice to request a home visit and a GP acting as duty doctor would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system both in the practice and on the website.

We looked at seven complaints received in the last 12 months and we saw evidence that these had been dealt

with in a timely manner and included information advising patients of other organisations that they may wish to contact for example, the ombudsman or NHS England. The complaints process was clearly set out and all aspects of each complaint were detailed and thoroughly investigated, the complaints lead then gave a comprehensive account of actions taken to the complainant. Complaints were discussed at practice meetings and lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the 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 were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and twice yearly staff away days.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held regularly.
- 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.
- Several partners and the practice manager, held positions on the boards of local health organisations for example, the Locality PPG board and the Local Medical Committee (LMC).

The practice had been awarded the Practice Team of the Year Bedfordshire and Hertfordshire for 2016.

### 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 and had membership which included an age range from 18-90 years of age. The practice supported young members who wanted to join the medical profession and several members had achieved this and become doctors, physiotherapists and nurses. A walking group had been set up eight years ago and had more than 25 patients taking part in the 2 weekly walk and the group



# Are services well-led?

Good 

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

had worked with the practice in arranging annual health evenings where the PPG attended and spoke to patients about the PPG and encouraged others to get involved. The group also carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had published a paper on how to set up a PPG.

The practice had gathered feedback from staff through staff away days, 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.

There was a focus on continuous learning and improvement at all levels within the practice:

- Several of the partners attended departmental meetings within the practice, supporting nurses, dispensary staff and the administration team.

- The GPs also held training sessions in house for the nursing team, with topics identified by the team, such as minor injuries.
- The partners were proactive in promoting health as a profession and attended local primary schools to talk to pupils.
- The reception manager was undertaking a practice management course, supported by the practice and had used carers as her project subject.
- The practice were in the process of updating the website to create a series of pages that patients could use to find out information or fill in forms, for example, travel clinic and asthma checks. There was also to be a community access page for patients and carers.
- The practice were considering introducing a 'one stop' clinic for those patients with multiple co-morbidities.