

# West Street Surgery

## 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 West Street Surgery on 6 July 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. However we found that the practice had not always updated patient records with monitoring information when they received high risk medications.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to monitor the recently implemented protocol to ensure children who fail to attend a hospital appointment (DNA) are easily identified and acted on.

# Summary of findings

- Ensure a system is implemented to ensure that all monitoring results of patients receiving repeat high risk medications are recorded within patient records.
- Continue to monitor the recently introduced communication pathway to the out of hours provider (OOH) to keep them informed of specific patients who may need care outside of normal practice hours and at weekends.
- Continue to monitor and act on the results of the national patient survey.
- Improve record keeping in relation to complaints to ensure verbal communication with complainants is recorded in the complaints file.
- Continue to identify and support carers.

**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 were shared to make sure action was taken to improve safety in the practice. However systems relating recording of monitoring information of patients receiving high risk medication, historic safety alerts, children not attending hospital appointments (DNA) and communication with the out of hours provider (OOH) needed strengthening.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice below than others for some aspects of care for example their experience when consulting a GP.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and 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.

## 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 Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had worked with the NHS Bedfordshire Clinical commissioning Group (CCG) and piloted a monitoring tool to support safe care for vulnerable patients at high risk of medicines related harm. This tool has now been adopted throughout the CCG to bring collective improvements for local health care.
- Patients said they found it easy to make an appointment with a 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



## Are services well-led?

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

- The practice had a clear vision to provide the highest quality healthcare for the local population in an open and welcoming environment and treat patients with respect, dignity and honesty. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.

- Patients aged 75 years and older had a named GP.
- The practice was responsive to the needs of older people. The Lead Nurse Practitioner offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The GPs routinely worked with the community matron to ensure continuity of care for patients who needed care at home.
- Services delivered at home such as spirometry, ECGs, vaccinations and phlebotomy were available for the housebound patient.
- The practice had identified older patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with local partners such as the community matron to coordinate their care.
- The GPs routinely visited the local care home once each week to ensure continuity of care for patients.
- The practice worked with local pharmacies and arranged the delivery of medicines to the housebound.

Good



### People with long term conditions

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

- Clinical staff trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Performance for diabetes related indicators were above the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 87%, compared to the CCG average of 76% and the national average of 78%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Good



# Summary of findings

- For those patients with the most complex needs or at high risk of hospital admission, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care including opportunistic reviews of their care.
- Longer appointments and home visits were available when needed.

## 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. However systems to follow up children not attending hospital appointments (DNA) needed strengthening.
- Immunisation rates were comparable to CCG and national averages 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 82%, 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.
- The practice provided contraceptive advice and services.
- The practice provided a variety of health promotion information leaflets and resources for this population group for example the discreet provision of chlamydia testing kits.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good





# Summary of findings

- The practice offered health checks, travel advice, cervical screening, and contraceptive services for this population group.
- The practice provided telephone consultations when appropriate.

## People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice held regular review meetings involving district nurses, GP's and the local palliative care nurses for people that required end of life care and those on the palliative care register.
- There was a diabetic review service for the housebound patient.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 134 patients as carers (1% of the total practice list).

Good



## People experiencing poor mental health (including people with dementia)

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

- The 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.
- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.

Good



# Summary of findings

- The practice maintained a register of patients with mental illness and offered them annual health reviews.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including direct access to counselling and cognitive behavioural therapy.
- Counselling services were available at the practice for patients with mental health issues which was provided by a link worker from the local mental health trust.
- Patients with mental health needs were offered consultation with the same clinician helping with continuity of care.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 243 survey forms were distributed and 105 were returned. This represented 43% return rate (less than 1% of the practice's patient list).

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered a considerate convenient service and staff were attentive caring and had treated them with dignity and respect. A number of comments noted on how well staff had put patients at ease when consulting.

We spoke with eight patients including 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.

The majority of patients told us on the day of the inspection they could get appointments. However, two patients told us it was difficult to get a forward appointment ahead of the current 6 week lead time.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to monitor the recently implemented protocol to ensure children who fail to attend a hospital appointment (DNA) are easily identified and acted on.
- Ensure a system is implemented to ensure that all monitoring results of patients receiving repeat high risk medications are recorded within patient records.
- Continue to monitor the recently introduced communication pathway to the out of hours provider (OOH) to keep them informed of specific patients who may need care outside of normal practice hours and at weekends.
- Continue to monitor and act on the results of the national patient survey.
- Improve record keeping in relation to complaints to ensure verbal communication with complainants is recorded in the complaints file.
- Continue to identify and support carers.

# West Street Surgery

## 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 and a practice manager specialist advisor.

## Background to West Street Surgery

West Street Surgery situated in Dunstable Bedfordshire, is a GP practice which provides primary medical care for approximately 12,600 patients living in Dunstable and surrounding villages.

West Street Surgery provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with an ethnic population of Eastern European Polish Asian and African origin. The practice has small pockets of deprivation particularly in the Houghton Regis and Downside areas.

The practice has three GP partners two salaried GP and two long term locum GPs (three female and four male). There are two nurse practitioners and four practice nurses who are supported by a health care assistant. There is a phlebotomist available on site. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

Patient consultations and treatments take place on the ground floor. There is free car parking outside the surgery with adequate disabled parking available.

The practice core opening hours were 8am till 6.30pm Monday to Friday. The practice offers extended opening on Monday and Wednesday from 6.30 till 7.30pm and on Friday from 7am till 8am. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Care UK via the 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 7 July 2016.

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff
- Spoke with patients who used the service. Observed how patients were being assisted.

# Detailed findings

- 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 or a GP of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a consistent approach to investigations.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, on discovery of a labelling error regarding a patient's specimen the practice had reinforced the protocol for obtaining and labelling specimens to concerned staff to prevent a reoccurrence.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We reviewed a recent safety alert related to managing patients receiving a particular medicine to treat a form of diabetes and found appropriate actions had been taken as recommended. The practice had a documented flow chart to manager safety alerts.

### 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 safeguarding lead attended local safeguarding meetings. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. Staff had received or had future update training dates for the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- The practice held registers for children considered at increased risk, and children with protection plans were identified on the electronic patient record. The practice held monthly multi-disciplinary team meetings including the health visitor to discuss at risk children and families.
- We reviewed how the practice monitored those children who had failed to attend a hospital appointment (DNA). We found the practice did not have a protocol to code DNA notifications from the hospital so they could be easily identified and acted on. Following our inspection the practice sent us a newly developed protocol which it had implemented which addressed this issue.
- A notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. On the day of our inspection the practice could not provide us with the immunisation status against Hepatitis B for

## Are services safe?

clinical staff involved in direct patient care (GPs, nurses, health care assistants). Following our inspection, the practice provided evidence to confirm that all clinical staff had received appropriate immunisations.

- 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 NHS Bedfordshire CCG medicines management team, 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. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had a system in place to assess and manage risks to patients on high risk medicines. The practice had shared care agreements in place with secondary care for patients receiving Warfarin (an anticoagulant medicine to reduce the risk of blood clots forming) and adult patients receiving oral Methotrexate (a medicine used to treat rheumatoid arthritis). The practice told us that they acted in accordance with the shared care agreements with the CCG and secondary care providers which included the provision of phlebotomy service for blood tests, adjusting medication dosage when necessary and issuing repeat prescriptions for patients stabilised on these medications including checking appropriate blood test results prior to prescribing. However during our inspection we found that a number of patient records had not been updated with the appropriate results to inform safe repeat prescribing. On investigation we found that this was a recording issue in that the practice did not have a process in place to allocate the results from the electronic system into the respective patient

records. After our inspection the practice wrote to us and confirmed that a new process had been implemented and they had begun the process of placing the results into the appropriate patient records.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the 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 risk assessments in place to monitor safety of the premises such as control of substances hazardous to health infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All staff groups covered holidays supplemented by locum GPs if needed.

### 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.

## Are services safe?

- 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.



# 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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions for example the palliative care template.
- 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 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were above the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 87%, compared to the CCG average of 76% and the national average of 78%. Exception reporting for this indicator was 16% compared to a CCG and national average 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 the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 92% where the CCG average was 87% and the national average was 88%. Exception reporting for this indicator was 26% compared to a CCG average of 15 and national average of 13%.

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one 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. For example antibiotic prescribing.
- Findings were used by the practice to improve services. For example, following an audit of patients prescribed antipsychotic (which are a range of medications that are used for some types of mental distress or disorder and depression) the practice had rationalised the prescriptions of these medication as per defined guidelines.

### 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 which was complemented by role specific induction. 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

# Are services effective?

## (for example, treatment is effective)

example, for those reviewing patients with long-term conditions such as ischemic heart disease, asthma, COPD (chronic obstructive pulmonary disease), diabetes, stroke and learning disabilities.

- 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, moving and handling, health and safety and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and communication with the district nurse and health visitor. The pathology service were able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.
- The practice participated in the hospital unplanned admission avoidance scheme. Patients with care plans

in place were reviewed within 72 hours of discharge by their named GP. All unplanned admissions were discussed weekly, where their ongoing needs were discussed.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice regularly reviewed patients with palliative care needs and held review meetings with the community and the palliative care nurses. Patients care was also discussed on a case by case basis depending on their immediate needs. However we did not see a defined communication pathway to the out of hours provider (OOH) to keep them informed of specific patients who may need care out of hours and at weekends. Following our inspection the practice confirmed that they had introduced a template which was faxed to the OOH service giving details of specific care needs for those patients that needed such care at weekends and out of hours.

### 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 practice gained appropriate consent for the insertion of an intrauterine device (IUD or coil) which is a small contraceptive device, inserted into the uterus. We

# Are services effective?

(for example, treatment is effective)

saw that appropriate information about the device was given to the patient prior to the insertion and this discussion and consent was recorded in the patient's records.

## Supporting patients to live healthier lives

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

- Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to appropriate support groups for further advice.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were 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 consequence of abnormal results.

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

Results showed:

- 61% of patients attended for bowel screening within six months of invitation compared to national average of 58%.
- 61% attended for breast screening within six months of invitation was higher than the national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 98% and five year olds from 88% to 97%.

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.

# 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 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered a considerate convenient service and staff were attentive caring and had treated them with dignity and respect. A number of comments noted on how well staff had put them at ease when consulting.

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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 79% 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%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 86% 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%.

- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice was aware of the lower satisfaction levels for some of the above indicators. They told us that they were taking action to improve these results including by increasing GP awareness of the issues and by directing patients to nurse led services where appropriate.

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

The patients we spoke with told us they felt involved in decision making about the care and treatment they received. They said clinical staff had listened to them and had discussed any concerns and ways to overcome these including by offering choice of treatments.

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

- 75% 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%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients as carers (1% of the practice list). The practice was proactive in trying to identify additional carers and had worked with

Carers in Bedfordshire to provide a manned stand in the practice once per month to inform patients of the services available. Written information was available to direct carers to the avenues of support available to them both at the practice and on the practice website.

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 NHS Bedfordshire Clinical commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG and piloted a monitoring tool to support safe care for vulnerable patients at high risk of medicines related harm. This tool has now been adopted throughout the CCG to bring collective improvements for local health care.

- The practice provided telephone consultations through a duty GP ring back service at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- 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.
- The practice offered discreet chlamydia screening.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. There was a hearing loop available but the practice advised that this was currently not operational and was being repaired.
- The GPs routinely worked with the community matron to ensure continuity of care for patients who needed care at home.
- Services were provided at home such as spirometry, ECGs, vaccinations and phlebotomy services for the housebound patient.
- There was a phlebotomy service available at the practice.
- Counselling services were available at the practice for patients with mental health issues which was provided by a link worker from the local mental health trust.

- Online services were available for booking appointments and request repeat prescriptions.
- The practice worked with local pharmacies and arranged the delivery of medicines to the housebound.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on Monday and Wednesday between 6.30pm and 7.30pm. Early morning appointments were available on Friday between 7am and 8am. In addition to pre-bookable appointments that could be booked up to six 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.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 60% of patients said they could get through easily to the practice by phone compared to 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.

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a GP. Home visit requests were assessed and managed by a GP.

### 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.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system.

We looked at 21 complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. We however found that verbal communication with the complainants had not always been recorded in the

complaints file. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, raising awareness for reception and administrative staff of the need to check patient identity when selecting notes of patients with similar sounding names.



# 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 provide the highest quality healthcare for the local population in an open and welcoming environment and treat patients with respect, dignity and honesty.

- The practice had a documented statement of purpose which included their aims and objectives.
- Its aim was to create a partnership between patient and health profession which ensured mutual respect, holistic care and continuous learning and training.
- Discussion with staff confirmed they were working towards the same aim of patient centred care.
- The GP partners clearly described their plans for the future and how they hoped to achieve these. The partners recognised the areas the practice could work better and had plans which took into account the needs of the practice population and worked with the CCG where necessary to bring about these improvements.

### 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 electronically on their desktops.
- 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. However some risk management processes such as managing high risk medication, monitoring children who fail to attend a hospital appointment (DNA) needed strengthening.

### Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs 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 there were unexpected safety incidents:

- The practice gave affected people support and explanation.
- They 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.

- There was a regular schedule of meetings at the practice for individual staff groups and multi-disciplinary teams to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. For example there were nominated GP leads for safeguarding, diabetes, asthma and COPD. There were also nurse led clinics for patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease, coronary heart disease and diabetes. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.



# Are services well-led?

Good 

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

## 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 surveys complaints received and the friends and family test. The PPG was active and had helped develop the practice information leaflet and rearrange the information available in the patient waiting room. They had also arranged health seminars on specific health topics such as COPD, diabetes and high blood pressure.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice had worked with the CCG and piloted a monitoring tool to support safe care for vulnerable patients at high risk of medicines related harm. This tool has now been adopted throughout the CCG to bring collective improvements for local health care.
- The practice had worked with the CCG in developing the process to support both admission avoidance and early effective discharges from hospitals in the locality so more people can be supported appropriately in their usual place of residence.