

Priory Medical Practice

Quality Report

Priory Medical Practice

48 The Glebe

Clapham Bedford

MK41 6GA

Tel: 01234 262040

Website: www.priorymedicalpractice.co.uk

Date of inspection visit: 10 November 2016

Date of publication: 29/03/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Priory Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priory Medical Centre on 10 November 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff were aware of their responsibilities in helping to safeguard and protect patients.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice operated a personalised list for each GP to provide continuity of care.
- The practice worked well with multidisciplinary teams, including community services to plan and implement care for their patients.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

Summary of findings

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?

Good



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

Are services effective?

Good



The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line or above the local and national averages.
- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 88% where the CCG and national averages were 89%.

Summary of findings

- 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.
- Vulnerable patients, patients considered to be at risk and those on the palliative care register were prioritised through a notification on the clinical system.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We saw evidence of a strong patient centric culture and staff informed us that they were committed to providing high quality, personalised care for patients.
- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 90% 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%.
- 92% 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%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1.2% of patients as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with NHS England and Bedfordshire Clinical

Summary of findings

Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia reviews.

- The practice operated personalised list or each GP and patients said they found it easy to make an appointment with their named GP, there was continuity of care and urgent appointments were available the same day.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line or above the local and national averages.
- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.
- 92% 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%.
- 90% 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 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.

Are services well-led?

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

- The practice had a clear vision to deliver the highest standard of health care and advice to their patients with the resources available to them.
- The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values. They had an ethos to achieve a partnership between patients and health professionals based on mutual respect, holistic care and providing continuity of care.
- They had a team approach to patient care and endeavored to monitor the service provided to patients, to ensure that it met required standards.
- They were dedicated to ensuring that all practice staff were trained to the highest level and offered a range of options for staff to access training.

Good



Summary of findings

- The practice had a strategy and supporting business plan which reflected the vision and values and these were regularly monitored.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the age of 75 had a named GP and the personalised lists enabled good support to patients in this group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Individual care plans were discussed at practice meetings to avoid unplanned admissions for patients identified as at risk.
- The practice dispensary team and GPs offered weekly blister packs to people who needed support to manage their medication.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 74%, where the CCG and national averages were 78%.
- Longer appointments and home visits were available when needed.
- All these patients were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of in-house services, for example 24 hour blood pressure monitoring, ECG, phlebotomy, spirometry testing service (testing for chronic obstructive pulmonary disease) and smoking cessation.
- All patients in this group were offered flu vaccinations at appropriate times. Poor attenders could be given review checks and seasonal vaccinations opportunistically.

Summary of findings

Families, children and young people

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

Good



- 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 73%, which was comparable to the CCG average of 83% and the national average of 81%. The practice were actively encouraging women to attend by sending reminders and offering information in a range of languages and sending reminders.
- 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. Ante-natal clinics were held weekly by a community midwife in the surgery.

Working age people (including those recently retired and students)

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

Good



- 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 offered health checks to all new patients, for everyone over the age of 16 years and those aged 40 -74 years, these included blood tests.
- Telephone consultations were available, so that results could be discussed over the phone without patients having to attend a face to face appointment.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a register for carers, they had identified 84 patients (1.2% of patients registered) on the practice list as carers. The practice made efforts to identify and support carers in their population.
- Homeless patients were well supported and given information on obtaining care via the local nominated surgery.
- Patients with alcohol or drug related problems were referred to the Hub (a local support service) in Bedford for confidential treatment.
- The practice worked closely with the local Crisis Resolution/ Home Treatment (CRHT) teams who enabled patients who were in crisis, and not able to function at their normal level, to be supported in their own homes.

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).

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% where the CCG average was 86 and the national average was 84%.
- The practice nurse undertook ad-hoc dementia screening and could refer patients to the memory clinic if appropriate.
- 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.

Good



Summary of findings

- Performance for mental health related indicators were above or in line with local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 88% where the CCG and national averages were 89%.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- The lead GP had a specialist interest in mental health and we saw examples of specific support given including referrals to specialist services; both community and in-patient services.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 230 survey forms were distributed and 111 were returned. This represented a response rate of 48% (approximately 1.7% of the practice's patient list).

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 87% 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%.
- 92% 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%.
- 87% 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 30 comment cards which were all positive

about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some cards contained comments about the difficulty in getting through on the telephone. We asked about access to the practice and were told that they had addressed complaints regarding telephone access by installing a new telephone system which had improved the situation. In addition, patients we spoke to said the new restructuring of the appointment system had noticeably helped in planning and accessing appointments. We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice also sought patient feedback by utilising the NHS Friends and Family test (FFT) which is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from May 2016 to October 2016 showed that 93% (99 of the 107 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Priory Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Priory Medical Practice

The Priory Medical Centre is based at 48 The Glebe, Clapham, Bedford, MK41 6GA and provides services from a purpose built surgery. There is a large car park and disabled access is available. The practice serves a population of approximately 6,800 patients with a lower than average male and female population between the ages of 0 to 34 years and similar or higher than average population aged between 39 and 80 years. National data indicates the area served is less deprived in comparison to England as a whole and has low levels of unemployment.

There is a dispensary at the practice that provides medicine for patients who live more than one mile from a pharmacy, which we inspected on the day.

The ground floor reception and waiting areas are bright and open plan. The reception area is equipped with electronic patient arrival registration screens and a hearing loop for the hard of hearing. All consultation and treatments rooms are located on the ground floor. Administration and management offices, a staff rest room and meeting rooms occupy the first floor.

The clinical team consists of two GP partners (one male and one female), a female salaried GP, three practice

nurses, a health care assistant (HCA) and two dispensary staff. The team is supported by a practice manager, a practice administrator and a team of reception and administration staff.

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 undertakes a number of regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The Priory Medical Centre is open between 8am and 6.30pm Mondays to Fridays. Appointments are offered between 9am and 5.30pm on Mondays to Fridays. When the practice is closed the out of hours service is provided by Bedford Doctors on Call (BEDOC) for patients requiring the services of a GP. Information about this is available in the practice and on the practice leaflet, website and telephone line.

Why we carried out this inspection

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

Detailed findings

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 10 November 2016. During our inspection we:

- Spoke with a range of staff, GPs, the practice manager, nurses and administrative staff. We also 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 an incident occurred regarding vaccination fridges an investigation was undertaken and recorded by the practice. Action taken included contacting the manufacturers and disposing of affected vaccines. Following the incident an analysis of the event was undertaken. Changes were made to processes to prevent the incident happening again. The practice also discussed the incident at the next management meeting.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable 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 annually to share learning and ensure that improvements were effectively implemented. In addition the actions agreed following significant events were reviewed regularly.

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 appropriate 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 manager and GP discussed this with the dispensary and other clinical staff. Checks were carried out to check patients that might have been affected. We saw evidence of a report created to

identify all patients issued with a prescription for the affected blood glucose strips. Patients were sent a letter explaining what they needed to do if their tests strips were from the affected batches.

Overview of safety systems and processes

- 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 and a deputy to cover for absence. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- The practice held regular safeguarding meetings with community and local authority staff and all children aged under 18 years who attended A&E were reviewed routinely.
- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service check (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). We saw that the practice had a comprehensive chaperone policy and the use of chaperones was clearly recorded in the patients' notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses 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 up to date training. Annual infection control audits were undertaken, the most recent in July 2016. We saw evidence that action was taken to address improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

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 utilised a computer software tool to support them in managing patient medication.

- The practice carried out regular medicines audits, with the support of the Bedfordshire Clinical Commissioning Group (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.
- Patient Group Direction (PGDs) 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held a small stock 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 appropriate 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 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 the last one carried out in October 2016. 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 mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, the practice did not use locums, GPs covered for each other's absences.

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 staff and suppliers. A copy of the plan 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 used an electronic system to access clinical guidelines pathways and safety alerts. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice regularly reviewed the records of patients with diabetes, dementia, mental illness, high blood pressure (hypertension) and those needing palliative care to ensure adherence to good practice guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available, above the Bedfordshire Clinical Commissioning Group (CCG) average of 96% and the national average of 95%.

Data from 2015/2016 showed QOF targets were comparable to the local and national averages:

This practice was not an outlier for any QOF (or other national) clinical targets. Data published in October 2015 showed:

Performance for diabetes related indicators was comparable to the 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 74%,

where the CCG and national averages were 78%.

Exception reporting for this indicator was 12% compared to a CCG and national averages of 13%.

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

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 88% where the CCG and national averages were 89%. Exception reporting for this indicator was 10% compared to the CCG average of 15% and national average of 13%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77% where the CCG average was 86% and the national average was 84%. Exception reporting for this indicator was 6% where the CCG and national averages were 7%.

Information about patients' outcomes was used to make improvements; there was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in the last two years, two of these was a 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, the practice had completed an audit of patients with dementia to ensure patients who were prescribed a specific medicine were receiving appropriate treatment and received regular monitoring. A preliminary audit identified a need to improve processes for monitoring these patients. The practice reviewed and updated its systems and the second audit identified that all patients in this group were receiving appropriate treatment and monitoring.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions such as diabetes, COPD (chronic obstructive pulmonary disease) and cardiac disease attended study days, conferences and external events.
- 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. Staff also had the opportunity to undertake additional training sessions both in the practice and those sessions offered by the local Clinical Commissioning Group.

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 on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, were signposted to the relevant service. Smoking cessation advice was available at the practice.
- Referrals were offered to Weight Watchers and exercise on prescription.

The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they were trying to encourage South Asian female patients to engage in the screening programme by using information in different languages. 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. Text message reminders were also used.

Are services effective?

(for example, treatment is effective)

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

- 58% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 59% and the national average was 58%.
- 66% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and national average was 73%.

GPs encouraged patients to attend screening appointments and explained the importance of this.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98%, (national average 90%) and five year olds was 96% to 99% (CCG averages, 91% to 95%, national averages 88% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had invited 340 patients since January 2016 for NHS health checks and completed a number of opportunistic checks which resulted in 217 checks being carried out by October 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors for patients developing long term conditions 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.

The 30 patient Care Quality Commission comment cards we received were mostly positive about the service experienced. The majority of patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required and the good facilities provided in a new and spacious building.

We spoke with a member of the patient participation group (PPG) who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Appointments were always available and all practice staff were friendly and approachable. We were told that the practice supported the PPG and encourage feedback from them.

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

- 92% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 93% 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%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 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%.
- 90% 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 above local and national averages. For example:

- 90% 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%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 90% 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.

Are services caring?

- Information leaflets were available in easy read format especially those for patients with learning disabilities.

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 84 patients as

carers (approximately 1.2% of the practice list). Written information was available in the practice to direct carers to the various avenues of support available to them. There was also information and links to support groups available on the practice website

Staff told us that if families had suffered bereavement, their usual GP contacted them. Patients were also offered a 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 for example CRUSE, a national bereavement charity that offered face-to-face, telephone, email and website support.

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 and Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital, pre dementia diagnosis and identifying registered patients aged 14 years and over with learning disabilities to offer support and provide them with an annual health check.
- The practice operated personalised lists; each individual GP was responsible for the patients on their list which provided patients with continuity of care. We were told that personalised lists were favoured by the GPs as it ensured adults as well as children and the elderly were able to discuss matters easily with a GP they knew well.
- New patients were reviewed at registration by the practice nurses.
- The practice clinical system was accessible to the community teams and out of hours service to provide 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 of patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Individual care plans were discussed at practice meetings in an effort to reduce the number unplanned hospital admissions for patients identified as at risk.
- The practice dispensary team and GPs offered weekly blister packs to people who needed support to manage their medication.
- The practice worked closely with the local Crisis Resolution/Home Treatment (CRHT) teams who worked with a group of patients, who, without their support, would need to be admitted to hospital, or who could not be discharged from hospital without intensive support. The service enabled patients who were in crisis, and not able to function at their normal level, to be supported in their own homes.
- One of the practice nurses was the diabetes lead who undertook reviews and testing was organised at the practice. Results were reviewed by the GPs and any action required communicated to the patients and the nurse.
- Patients with long term conditions for example, hypertension, COPD (chronic obstructive pulmonary disease) or CKD (chronic kidney disease) were reviewed at appropriate times by the practice nurse team.
- The practice offered a range of in-house services, for example 24 hour blood pressure monitoring, phlebotomy, spirometry testing service (testing for chronic obstructive pulmonary disease) and smoking cessation.
- Patients who had not attended review appointments were contacted by the reception team to explain the importance of reviews and encourage attendance.
- There were alerts on the clinical system to identify vulnerable families.
- 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 offered the Men ACWY vaccine to young teenagers and first year students going to university for the first time to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).
- There were disabled facilities, a hearing loop and translation services available.
- There were longer appointments available for patients with a learning disability.
- The practice held a register of patients with learning disabilities and of the 55 patients identified for the period January 2016 to October 2016 39 had received a review with the remainder planned by March 2017.
- Homeless patients were well supported and given information on obtaining care via the local nominated surgery.
- Patients with alcohol or drug related problems were referred to the Hub (a local support service) in Bedford for confidential treatment.
- The practice were improving dementia diagnosis rates by undertaking ad-hoc dementia screening carried out by one of the nurses who could refer patients to the memory clinic if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

- The lead GP had a specialist interest in mental health and we saw examples of specific support given including referrals to specialist services both community and in-patient.
- Vulnerable patients were flagged on the clinical system and cases were discussed at practice meetings.

Access to the service

Priory Medical centre was open between 8am and 6.30pm Monday to Friday. Appointments were available between 9am and 5.30pm daily. The practice operated an open access appointment system which was available every morning. Patients could attend every morning between 9am and 10.30am and be seen by a GP. We were told that this open access appointment system had worked very effectively with the personalised list system for many years and patients commented that this provided continuity of care. Afternoon and evening appointments could be booked in advance for patients who did not require an emergency or open access appointment. Telephone consultations were available every day for patients who did not require a face to face appointment.

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

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

The practice had a system in place to assess whether a home visit was clinically necessary; and

the urgency of the need for medical attention. For example, if a patient contacted the surgery requesting a home visit

the receptionist would initially establish if an ambulance was required for example in the case of chest pain. They would then ask for preliminary information and then notify the patients usual GP via the clinical system. The GP would then assess the need for a home visit by contacting the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

The practice received 13 complaints in the 12 months preceding our inspection. We found that they were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that when the practice received a complaint regarding a referral, the practice contacted the affected person, a full investigation was carried out, discussions were held in the practice with members of staff involved and a response sent to the patient.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver the highest standard of health care and advice to their patients with the resources available to them. The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values. They had an ethos to achieve a partnership between patients and health professionals based on mutual respect, holistic care and providing continuity of care. The practice had a strategy and supporting business plan, which reflected the vision and values and these were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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 support, information, 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. These were weekly between the GPs and practice manager and monthly with nurses.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 NHS Friends and Family test (FFT) results from May 2016 to October 2016 showed that 93% (99 of the 107 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had assisted with reviewing the reception system and issues identified had been addressed.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

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.