Dr Henderson and Partners

Quality Report

Bassett Road Surgery
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Bedfordshire
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Henderson and Partners (also known as Bassett Road Surgery) on 7 April 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. The practice uses various in-house resources such as the complex needs matron and a pharmacist to optimise health outcomes.
- 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 but sometimes longer 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.

We saw two areas of outstanding practice:

Summary of findings

- The practice understood the needs of patients needing end of life care and homeless people, they had introduced a priority colour coded system that gave immediate access to a GP so their clinical care needs were assessed immediately and outcomes optimised.
- The practice had identified the care needs of the homeless. In conjunction with local partners the practice supported the delivery of the Homeless Healthcare service for South Bedfordshire which included weekly outreach visits, health checks and meetings with clinical and social care partners to provide for their needs.

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

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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Summary of findings

Are services responsive to people's needs?

Good

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 NHS Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice provided the Homeless Healthcare service for South Bedfordshire in response to the needs of this population.
- Patients said they found it easy to make an appointment with a GP but sometimes longer with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- There was a lead GP for each care home aligned to the practice for continuity of care and the practice offered weekly ward rounds at each of the care homes.
- A complex needs matron supported the implementation of the unplanned admission enhanced service and looked after the care of the most vulnerable patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The PPG in conjunction with local partners had produced a booklet detailing support available locally for the over 75s.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice focused on patients who were at risk of developing long term conditions and on optimising the care of housebound patients, by having a dedicated complex needs matron and an in-house pharmacist to regularly review their care and outcomes.
- Performance for diabetes related indicators was better than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 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 81%, 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.

Working age people (including those recently retired and students)

Good

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 offered extended hours on Wednesday mornings (from 7am), Wednesday evenings (until 8pm) and on Saturdays to meet the needs of working age people.
- The practice was proactive in offering online services such as guidance on benefits, medical certificates, physiotherapy exercises, advice on addiction, diet and screening.
- The practice offered a full range of health promotion and screening such as smoking cessation clinics, alcohol advisors and aneurysm screening that reflected the needs of this age group.
- Patients could also access the local Citizens' Advice Bureau within the practice premises.

People whose circumstances may make them vulnerable

Good

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

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

Summary of findings

- The practice supported the delivery of the Homeless Healthcare service for South Bedfordshire which included weekly outreach visits, health checks and meetings with clinical and social care partners to provide for their needs.
- Homeless patients and patients needing end of life care were given priority access to a GP by the use of coloured card system so their clinical outcomes were always optimised.
- 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.
- Carers support was provided by receptionist carer champions, who highlighted local services and other information for carers including through the PPG booklet
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- GPs with expertise in psychiatry and substance misuse were able to offer counselling within consultations.

Summary of findings

- The practice had access to a mental health nurse from the local community NHS trust who worked with the GPs in offering screening referral to other services and signposting to local support groups.
- The complex needs matron in conjunction with the GP undertook comprehensive initial assessments in the early identification of potential dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The effectiveness and appropriateness of polypharmacy (patients receiving multiple medications) were reviewed by the in house pharmacist.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. There were 264 survey forms distributed and 121 were returned. This represented 46% return rate (less than 1% of the practice's patient list).

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 81% 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%.
- 88% 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%).
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Outstanding practice

- The practice understood the needs of patients needing end of life care and homeless people, they had introduced a priority colour coded system that gave immediate access to a GP so their clinical care needs were assessed immediately and outcomes optimised.
- The practice had identified the care needs of the homeless.In conjunction with local partners the practice supported the delivery of the Homeless Healthcare service for South Bedfordshire which included weekly outreach visits, health checks and meetings with clinical and social care partners to provide for their needs.

Dr Henderson and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Henderson and Partners

Dr Henderson and Partners situated in Leighton Buzzard, Bedfordshire, is a GP practice which provides primary medical care for approximately 13,800 patients living in Leighton Buzzard and surrounding areas.

Dr Henderson and Partners provide 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 provides training to doctors studying to become GPs and for medical students studying to become doctors. The practice population is predominantly white British along with a small ethnic population of Irish, Italian, Polish and other Eastern European origin. The practice has higher than average old age population.

The practice has six GPs partners (three male and three female) and three salaried GP who are all females. There are 5 practice nurses including a complex care matron and a practice matron. The complex care matron and the practice matron are also nurse practitioners. The nursing team is supported by two health care assistants and a phlebotomist. There is also a clinical pharmacist who works closely with the clinical team on medication related issues and manages the practice's respiratory caseload.

There is a practice manager who is supported by a deputy manager and a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at the practice.

Dr Henderson and Partners is a dispensing practice and has a dispensary which is open during surgery times. There are three staff attached to the dispensary.

The practice operates from two storey premises. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative staff. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm except on Wednesday when the practice is open from 7am until 8pm. The practice offers extended opening the first Saturday of each month between 9.15 and 11am. 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, calls are diverted to CareUK, the out-of-hours provider (OOH) for the area.

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 7 April 2016.

During our inspection we:

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

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.

Good

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 the deputy of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful 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. Weekly meeting were held to review ongoing investigations. We noted that the practice had begun using computer software to identify trends arising from the investigation of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Safety alerts were managed by the practice manager who had a system to alert concerned staff including clinicians. All alerts were discussed weekly with action taken and lessons learnt noted. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example the practice had strengthened diagnostic protocols related to the management of the diabetic patient following an investigation and had shared the protocol with all clinicians to prevent a repetition.

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 GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. For example we saw that the complex care matron had referred a safeguarding concern about an older person to the local authority so they could be kept safe in their home.Staff had received training for safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child and adult safeguarding.
- A notice in the waiting room and in each consulting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GPs was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed the arrangements for managing medicines including in the on-site dispensary.

  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.

  There was a clinical pharmacist who worked closely with the clinical team to optimise patients' medication regimes and review those patients taking multiple medications (Polypharmacy).

Good

Are services safe?

Vaccines used for immunisations and other medicines were obtained, prescribed, handled, stored and administered appropriately.

Blank prescription forms for use in printers and those for hand written prescriptions were stored securely. Blank prescription forms in printer dispenser trays were locked. There were procedures to monitor the use of blank prescription forms and pads.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access to these medicines was restricted, the keys to the secure storage held securely and there were arrangements in place for the destruction of controlled drugs.

The practice has a dispensary which is open during surgery times. There are three staff attached to the dispensary.

The dispensary was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Standard Operating Procedures were in place for dispensary staff to follow, and the practice had a system of monitoring its compliance. The practice carried out audits as part of this scheme and staff were able to describe changes to practice as a result of these audits to improve the accuracy of the dispensing process.

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

- 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. The practice had up to date fire risk assessments and carried out six monthly fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a buddy system in place across all staff groups that allowed for holiday and other cover arrangements. School holidays were covered through an internal scheduling system.

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.
- 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.

Good

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs through the practice computer system. There were daily informal meetings during which GPs and clinical staff discussed new clinical guidelines and other learning points. We saw that the practice summarised key points in a poster called 'clinical tips of the week' for future reference. For example we saw that a GP had summarised the NICE guidelines for menopause diagnosis and management. Learning points identified during daily meetings were formalised during the primary healthcare team meeting.
- 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 with 11% exception reporting (CCG and National average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

Performance for diabetes related indicators was better than the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c (a test that tell how well blood glucose in a diabetic patient is controlled) was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 86%. The CCG average was 76% and the national average was 78%.

Performance for mental health related indicators better than the national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other 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 96%. The CCG average was 87% and the national average was 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 93%. The CCG and national average was 84%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the past year, both were completed audits where the improvements made were implemented and monitored.
- In both instances we found that the practice had taken appropriate actions to make improvements. For example, as a result of improvements made following a clinical audit of uptake of influenza vaccinations the practice had demonstrated the uptake for the age 65 and over group had improved significantly from 65% in 2014/15 to 74% at the time of re-audit in January 2016 exceeding the current national average of 73%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example an audit of antibiotic prescribing.

Information about patients' outcomes was used to make improvements. For example the practice understood the needs of patients needing end of life care and homeless people and had introduced a priority colour coded access system to the GP so their clinical outcomes were always optimised. This system allowed reception and clinical staff to recognise the urgent nature of the request based on their complex clinical needs enabling a quick targeted response.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those undertaking diabetic reviews.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice used several clinical templates which reflected best practice guidelines to ensure appropriate care was prioritise and communicated effectively. For example the practice used clinical templates for learning disability, end of life care and long term conditions.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. There was a system to review patients that had accessed the OOH service and CareUK overnight and those that had attended the A&E department for emergency care.
- 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. For example the practice employed a complex care matron who effectively communicated with other partners in the community such as the community nursing services and social services to ensure patients received appropriate care. Regular meetings were held with the community nurses as well as the Macmillan nurse to discuss and plan appropriate end of life and palliative care for those that required it.

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.
- Consent forms for minor surgical procedures were used and scanned into the patients' medical records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet smoking and alcohol cessation. The practice offered on site alcohol advisors, smoking cessation clinics and aneurism screening to support this process. Patients were signposted to the other relevant service if needed.
- All patients over 75 had a named GP.

Good

Are services effective?

(for example, treatment is effective)

- A complex needs matron supported the implementation of the unplanned admission enhanced service and looked after the care of the most vulnerable patients.
- GPs with expertise in psychiatry and substance misuse were able to offer counselling within consultations.
- The practice had access to a mental health nurse from the local community NHS trust who worked with the GPS in offering screening referral to other services and signposting to local support groups.
- Patients could also access the local Citizens' Advice Bureau within the practice premises.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, 56% attended for bowel screening and 83% attended for breast screening respectively within six months of invitation which was comparable to the national average of 55% (bowel screening) and 73% (breast screening). 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 95% to 99%.

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.

Good

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 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example the satisfaction scores on consultations with GPs and nurses were as follows:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% 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%.
- 87% 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%.
- 89% 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%.
- 81% 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 positive and aligned with these views. For example three comment cards noted how clinical staff at the practice had helped and advised about their long term conditions and supported them with the options available. We also saw that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% 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.
- There was a hearing loop available in reception.

Good

Are services caring?

- There was a range of information leaflets available to inform patients regarding their condition and treatments available in the patient waiting area.

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 141 patients as carers (1% of the practice list) and was actively seeking to identify and increase this number. Support for carers was provided by receptionist carer champions who acted as a point of contact. Local services available for carers were highlighted in the PPG booklet. Further written information was available to direct carers to the various avenues of support available to them.

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

Good

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 identified the care needs of the homeless. In conjunction with local partners the practice provided the Homeless Healthcare service for South Bedfordshire which included weekly outreach visits, health checks and meetings with clinical and social care partners to provide for their needs.
- The practice offered early and late appointments on Wednesday from 7am till 8pm and on the first Saturday of each month between 9.15am and 11am for working patients who could not attend during normal opening hours.
- The practice offered a call back service whereby a duty GP would telephone the patient on their preferred number for a telephone assessment of their care needs.
- There were longer appointments available for patients with a learning disability, the homeless and others that needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a lead GP for each care home aligned to the practice for continuity of care and the practice offered weekly ward rounds at each of the care homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There was a duty GP and a matron available between 8am and 6.30am for same day consultation for those who would prefer not to wait until the next pre-bookable appointment.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice offered an anticoagulant service that enabled patients to receive a local service instead of having to attend the general hospital.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice is open Monday to Friday from 8am to 6.30pm. Extended hours appointments were offered from 7am until 8pm on Wednesdays and on the first Saturday of each month between 9.15am and 11am. 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. There was a duty GP available between 8am and 6.30am for same day consultation for those who would prefer not to wait until the next pre-bookable appointment. Homeless patients and patients needing end of life care were given priority access to the GP by the use of a coloured card system so their clinical outcomes were always optimised.

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 CCG average of 79% and the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had reviewed the requirements of a recent patient safety alert: prioritisation of general practice home visits and had systems in place to prioritise those patients that needed a home visit. Such requests were referred to the duty GP who managed home visits in conjunction with the complex care matron.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled.

Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example the practice had taken action to ensure referral letters were sent in a timely way following an investigation of a complaint about a delay. The practice responded to the complainant with a written apology and explanation of events. Similar to significant events and incidents, complaints were discussed at practice meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was summarised in the practice booklet.Staff knew and understood the values which was to provide a responsive service where needed but more importantly to provide a proactive and preventative approach to healthcare.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The partners prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings along with partners meetings and we saw minutes of these to confirm this. Staff also told us the practice manager kept them informed of practice matters at all times via discussion or email.
- 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 practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG were considered as 'critical friends' and contributed to key decision making process concerned with patient care. The PPG met four times a year and submitted proposals for improvements to the practice management team.
- 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.

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.

For example:

- The practice understood the needs of patients needing end of life care and homeless people and had introduced a priority colour coded system that gave immediate access to a GP so their clinical care needs were assessed immediately and outcomes optimised.
- A clinical pharmacist worked closely with the clinical team to optimise patient's medication regimes, review those on multiple medications and take a lead on caring for patients with respiratory problems.
- The practice employed a complex care matron who effectively communicated with other partners in the community such as the community nursing services and social services to ensure patients that lived in the community received appropriate care. The practice was supporting other practices in the locality to set up a similar model.