

# Dr JK Marsden's Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr J K Marsden's Practice on 8 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. Staff were described as helpful and supportive.
- Information about services and how to complain was available and easy to understand.

- Patients informed us that they were able to get appointments when they needed them but they sometimes had to wait up to two to three weeks to see a GP of choice.
- Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. They had plans in place to improve access to the building.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice was a teaching and training practice and they currently have a post graduate doctor gaining experience in general practice. They provide teaching for medical students and training for nurses undertaking prescribing courses within the locality.

We saw one area of outstanding practice:

- The practice provided many areas of support to patients whose circumstances made them vulnerable. These included renaming the waiting areas to make it easier for patients with learning

# Summary of findings

disabilities to identify where they should wait for their appointment. They had developed a number of leaflets in an easy to read format using pictures and simple language to explain various tests and investigations. They had an autistic support group for patients on the autism spectrum to meet twice a year to share ideas and experiences. The meetings were attended by Autism Bedfordshire, a local group who gave advice on support services available. All staff within the practice had received autism awareness training.

The areas where the provider should make improvements are:

- Keep documented evidence of infection control audits.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation and, a verbal and 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.
- Staff had received training appropriate to their role and relevant pre-employment checks had been completed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 with the exception of one of the nurses who was due an appraisal.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- 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 dignity and respect and they were involved in decisions about their care and treatment. They described staff as helpful and supportive.

# Summary of findings

- 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.
- They had a carer's lead and 2% of their patients were identified as carers and were offered additional support, flu vaccinations and annual health checks.
- They had an autistic support group for patients on the autism spectrum to meet twice a year to share ideas and experiences.

## 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 the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Pre-bookable appointments were available up to three weeks in advance with urgent appointments available on 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.
- There were three patient waiting areas within the practice and these had been given names; ladybird, bumble bee and butterfly. This ensured the reception staff were consistent when informing patients where to wait for their appointments and was easier for patients with learning disabilities to navigate their way around the practice and know where to wait for their appointment.
- The practice had developed their own easy read leaflets to help patients understand their tests and investigations.

## Are services well-led?

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

Good



- 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 this.
- 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 meetings.

# Summary of findings

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice were part of a local pilot scheme to improve outcomes for socially isolated patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They cared for a number of patients in care homes across Luton and kept patients registered with the practice if they moved to a care home outside of the catchment area but within a reasonable distance to ensure continuity of care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national average. The practice achieved 88% of available points compared to the CCG average of 85% and the national average of 89%.
- A diabetes support dietician attended the practice every month.
- Longer appointments and home visits were available when needed.
- Patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A screen was available for nursing mothers to use to breastfeed in private.
- We saw positive examples of joint working with midwives and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available outside of normal working hours. Appointments were available for patients to have blood tests taken from 7am twice a week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available for patients who could not attend the practice.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had developed their own easy read leaflets to help patients, especially those with learning disabilities to understand their tests and investigations.

Outstanding





# Summary of findings

- They had an autistic support group for patients on the autism spectrum to meet twice a year to share ideas and experiences. Staff had received autism awareness training.
- The practice was part of a local pilot scheme to improve outcomes for socially isolated patients. Patients were supported to connect with activities to improve their physical and mental wellbeing.
- The waiting rooms in the practice were renamed to make it easier for patients with learning disabilities to identify where they should wait.
- 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)

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

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was above the CCG and national average. The practice achieved 100% of available points, with 8% exception reporting, compared to the CCG average of 91% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- They hosted visiting clinicians who provided support for patients. For example, a mental health worker attended weekly, an alcohol support worker attended every two weeks and a dementia support worker attended monthly.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with or above the local and national averages. There were 334 survey forms distributed and 123 were returned. This represented 1% of the practice's patient list, and a 37% return rate.

- 67% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Five of the cards had additional comments regarding different aspects of the service but they were generally positive. Patients commented that they felt listened to and the staff were caring and considerate. Many said they were treated with dignity and respect. All levels of staff within the practice received positive comments and praise.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were friendly and helpful. Some of the patients commented that they sometimes had difficulty getting through to the practice by telephone.

# Dr JK Marsden's Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Dr JK Marsden's Practice

Dr J K Marsden's Practice, also known as Woodland Avenue Practice, provides a range of primary medical services to the residents of Luton. The practice was established in 1929 at its current location of 30 Woodland Avenue, Luton, LU3 1RW.

The practice population is ethnically diverse and covers all ages with a slightly higher than average number of patients under 19 years of age. National data indicates the area is one of mid deprivation. The practice has approximately 12,000 patients with services provided under a primary medical services (PMS) contract. The practice will be moving to a general medical services (GMS) contract with effect from April 2016; a contract agreed nationally.

There are five GP partners; three male and two female and they employ three salaried GPs. The nursing team consists of three practice nurses and a health care assistant, all female. There are also a number of reception and administrative staff led by a practice manager and deputy practice manager.

The practice is a teaching and training practice and they currently have a post graduate doctor gaining experience in general practice. They provide teaching for medical students and training for nurses undertaking prescribing courses within the locality.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours from 7am on Wednesdays, Thursdays and Fridays and until 8pm on Tuesdays and Wednesdays. They also open two Saturdays a month for pre-bookable appointments.

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

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 visit on 8 March 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, health care assistants, the practice manager, deputy practice manager and reception and administrative staff.
- Spoke with patients who used the service and two members of the patient participation group (PPG).
- Observed how staff interacted with 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.

- The practice had a significant event policy available on the practice computer system.
- There was a lead GP responsible for investigating significant events
- Staff told us they would inform the practice manager or the lead GP of any incidents and complete a recording form.
- Significant events were discussed every two weeks at the practice clinical meetings.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, the practice implemented extra checks to confirm patients' blood test results before prescribing blood thinning medicine following an incident where a patient's test results were not available.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. 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 for child safeguarding.

- A notice in the reception area 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 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).
- 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 teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw there was evidence that the practice was implementing good infection control practice, for example elbow taps, pedestal bins and laminate flooring were in use in the clinical areas. The infection control lead had an informal process for checking the practice was adhering to good infection control practice but they had not documented any formal audit. However, we saw a recent hand washing audit had been completed to ensure staff were following the correct procedure when washing their hands.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine 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 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.

## Are services safe?

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on the stairwell which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. They had identified fire marshalls to assist with the evacuation of the building in the event of a fire. All electrical equipment was checked in May 2015 to ensure the equipment was safe to use and clinical equipment was checked in March 2016 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 that enough staff were on duty. All the administration staff were trained to carry out reception duties when there was high demand.

### 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 found to be in date.
- 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. Two of the GP partners and the practice manager held copies of the plan 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 peoples' needs. The practice manager received updated NICE guidelines and distributed them to the GPs and nursing staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 95% of the total number of points available, with 10% exception reporting. (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 comparable to the CCG and national average. The practice achieved 88% of available points compared to the CCG average of 85% and the national average of 89%.
- Performance for hypertension related indicators was comparable to the CCG and national average. The practice achieved 99% of available points, compared to the CCG average of 97% and the national average of 98%.

- Performance for mental health related indicators was above the CCG and national average. The practice achieved 100% of available points, with 8% exception reporting, compared to the CCG average of 91% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last year, both of these were completed audits where the improvements made were implemented and monitored. For example, there had been an increase in the number of patients who had received appropriate vaccinations following surgery to remove their spleen.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction checklist for all newly appointed staff. It included training on such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All new members of staff had a progress review and competency check after three months of employment. The practice occasionally used locum GPs and there was a locum pack available for the GPs to use to familiarise themselves with the practice and local services.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals,



# Are services effective?

## (for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff except one nurse had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The nursing staff were trained to offer smoking cessation advice.
- They hosted visiting clinicians who provided support for patients. For example, a mental health worker attended weekly, an alcohol support worker attended every two weeks and a dementia support worker attended monthly.
- A diabetes support dietician attended every month.
- Healthy living advice was available on the practice website with links to other services. For example local NHS stop-smoking services.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 70% and the national average of 77%. 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. For example,

- 78% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
- 58% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 51% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 82% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



# Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74 years.  
Appropriate follow-ups for the outcomes of health  
assessments and checks were made, where abnormalities  
or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Due to the constraints of the building there was limited space at the reception area. The patient waiting rooms were separate which reduced the risk of overhearing confidential information. The practice showed us plans they had in place to increase the size of this area to further protect patient confidentiality.
- If patients wanted to discuss sensitive issues or appeared distressed the reception staff informed us they would use a private room to discuss their needs.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a friendly and helpful service and staff were caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were very happy with the care provided by the practice and found the staff caring and helpful. Comment cards highlighted that staff responded compassionately when they needed help and patients felt listened to. The service was described as very good and patients' needs were responded to.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.

- 92% said the GP gave them enough time (CCG average 81%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 85%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 the local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%)

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

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Staff in the practice had developed their own folder of easy read leaflets using pictures and simple explanations for patients to understand some of the tests and investigations that they may have. They informed us that patients or carers could request a copy of the leaflets to take away.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers; approximately 240 patients. There was a carer's lead within the practice who attended local carer's meetings and maintained the carer's register to ensure those patients who were carers were offered an annual health check and flu vaccination. Written information was available to direct carers to the various avenues of support available to them. Carers were also directed to the local hospital carer's lounge for additional support.

The practice had an autism support group. This consisted of a group of approximately 20 patients, on the autism spectrum, who met twice a year to share ideas and experiences. The meetings were attended by Autism Bedfordshire, a local group who gave advice on support services available. All staff within the practice had received autism awareness training.

If families had suffered bereavement, the practice sent them a sympathy card. This card contained information on bereavement and the emotions that may be experienced. There was also contact numbers for local support groups, for example Cruse Bedfordshire and CHUMS a group that offers support to children and young people.

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

- The practice offered extended opening hours from 7am on a Wednesday, Thursday and Friday and until 8pm on a Tuesday and Wednesday. They also opened two Saturday mornings a month from 9am to 12 pm. This was especially useful for working patients who could not attend during normal opening hours. Extended hours appointments were available with GPs and nursing staff.
- Early morning phlebotomy services were available from 7am on Wednesdays to Fridays which were helpful for patients who were required to fast prior to their blood tests.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Patients who moved to care homes outside of the practice catchment area but within a reasonable distance were able to stay registered with the practice to ensure continuity of care.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a hearing loop for patients with hearing difficulties and translation services were available.
- Consulting rooms were available on the ground floor for those patients who could not use the stairs.
- There was a ramp at the entrance to the building and wide doors. The practice had plans in place to install automatic opening doors. There were access enabled toilets.
- Funds raised by the patient participation group (PPG) were used to purchase high backed, higher seat chairs for the waiting rooms for patients with mobility difficulties.
- The practice had a screen to provide privacy for nursing mothers wishing to breastfeed and there were baby changing facilities available.

- There were three patient waiting areas within the practice and these had been given names, ladybird, bumble bee and butterfly. This ensured the reception staff were consistent when informing patients where to wait for their appointments and was easier for patients with learning disabilities to navigate their way around the practice and know where to wait for their appointment.
- The practice had developed their own easy read leaflets to help patients understand their tests and investigations.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm and 1.30pm to 5.50pm daily. Extended surgery hours were offered from 7am on a Wednesday, Thursday and Friday and until 8pm on a Tuesday and Wednesday and two Saturday mornings a month from 9am to 12pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 41% patients said they always or almost always see or speak to the GP they prefer (CCG average 46%, national average 59%).

Patients we spoke with on the day of the inspection informed us that they were able to get appointments when they needed them but they sometimes had to wait up to two to three weeks to see a GP of choice.

### 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- The practice manager and one of the GP partners were the designated responsible persons who 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 had received eight complaints in the last 12 months and we found these were satisfactorily handled

and dealt with in a timely way. There was openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice implemented a process of meeting patients face to face if there was a change to the medicine that could be prescribed for them. This meeting was then followed up with a letter 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 high quality care and promote good outcomes for patients. They had a practice charter and vision statement in the practice and displayed on their website. Staff we spoke with were aware of the values and ethos of the practice.

The practice were aware of the challenges they faced and had supporting business plans in place to address these. For example, working with other practices to provide local healthcare and making changes to their building to improve patient access.

### 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.
- There was a programme of continuous clinical and internal audit which 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 practice was led by the GP partners with the support of the practice manager and the deputy practice manager. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice demonstrated through their significant events and complaints management that they were aware of and

complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, an explanation and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- There was a system for staff to give anonymous feedback about the practice or if they had any concerns that they wanted to raise.
- 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice reviewed the telephone system and implemented additional phone lines for the GPs to complete patient triage calls without reducing access to the practice via the telephone. The PPG also raised money for the practice to buy new chairs for the patient waiting areas.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they felt able

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

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 strong 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 was one of three practices in the area participating in a social prescription pilot. This was for patients who attended the practice regularly but not for

clinical reasons and who were socially isolated. The practice had referred 20 patients to the project and they were supported over a 12 week period to connect with activities to improve their physical and mental wellbeing, for example, take up a hobby or attend groups such as a local walking group.

The practice was a teaching and training practice and they currently have a post graduate doctor gaining experience in general practice. They provide teaching for medical students and training for nurses undertaking prescribing courses within the locality.