

# The Oakley Surgery

## Quality Report

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Luton

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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 The Oakley Surgery on 13 January 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.
- Significant events and complaints were discussed at quarterly meetings that were attended by all practice staff.
- 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.
- Clinical audits demonstrated quality improvement.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Patients told us 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.
- Patients told us they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Update the cold chain policy to include the actions that should be taken in the event of a fridge failure.
- Ensure all staff carrying out chaperone duties have received training for this role.

# Summary of findings

- Review access to the practice for patients who may have difficulty opening the front door.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- All staff in the practice attended quarterly significant event meetings to identify and share lessons learned and to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, 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 with the exception of legionella.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average. For example, the most recent published results showed the practice achieved 98% of the total number of points available compared to the CCG average of 91% and the national average of 95%.
- QOF data was regularly reviewed to ensure that all the required patients were called into the practice for appropriate follow ups.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey published 2 July 2015 showed patients rated the practice comparably with others for several aspects of care. For example 88% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could usually make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision to be a benchmark for health care in the community and had defined aims and values to achieve this. 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 practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.
- All patients had a named GP that ensured continuity of care.
- Open access telephone consultations were available for older patients.

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 better than the CCG and national average. The practice achieved 90% of available points compared to the CCG average of 85% and the national average of 89%.
- 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 93% and five year olds from 85% to 92%.
- 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)**

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.
- Online appointment booking and repeat prescription requests were available.
- Telephone consultations were available for patients who had difficulty attending the practice.
- There was a full range of health promotion and screening that reflected the needs for this age group.
- The practice's uptake for the cervical screening programme was 78%, which was within the target but slightly below the CCG average of 80% and the national average of 82%.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with 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.
- 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.

Good





# Summary of findings

## 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).

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Performance for mental health related indicators was comparable to the CCG and national average. The practice achieved 92% of available points compared to the CCG average of 90% 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing above the local and national averages. There were 340 survey forms distributed and 117 were returned.

- 78% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).
- 77% 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 76%).

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

We received 16 comment cards which were all positive about the standard of care received. All levels of staff within the practice received praise and the treatment received was described as good and excellent. There were comments made that the staff were helpful and treated patients with dignity and respect. Two of the cards had additional comments regarding the wait to get an appointment and accessing the practice at lunchtime.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. They commented that they could usually get an appointment with their named GP which meant they had continuity of care.

The practice had taken part in the NHS Friends and Family test. The most recent result showed that 97% of respondents were either extremely likely or likely to recommend the practice.

# The Oakley Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Oakley Surgery

The Oakley Surgery provides a range of primary medical services to the residents of Luton. They have been at their current purpose built location, Addington Way, Luton, Bedfordshire, LU4 9FJ, since 1996.

The practice population is ethnically diverse and national data indicates the area is one of mid deprivation. They have a higher than average over 70 years age range. The practice has approximately 4500 patients and services are provided under a general medical services contract (GMS).

The practice is led by two male GP partners. The nursing team consists of a practice nurse and a health care assistant, both female. There is a practice manager and a business manager who lead a team of reception and administrative staff. The practice is an accredited teaching practice and has students from Cambridge University.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 11.30am and 4pm to 6pm daily. The practice does not offer any extended opening hours.

When the practice is closed out-of-hours services are provided by the Luton Out of Hours service which is run 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.

## 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 13 January 2016. During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager and business manager, administrative and reception staff. We also spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how staff interacted with patients during their visit to the practice.
- 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:

# Detailed findings

- 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. Reporting forms were available, for staff to complete, on the practice's computer system. Urgent events and incidents were investigated by the GP partners and the practice management team as they occurred. The practice held quarterly significant events meetings that all practice staff attended. Significant events, incidents and complaints were discussed by the whole team and any lessons learnt were identified and shared. Staff we spoke with informed us they found the meetings useful and used them as a learning opportunity. Staff members and patients involved in events and incidents were not identified during these meetings to encourage open discussions. The practice also used these meetings to identify and celebrate areas of good practice.

We saw that the practice had identified 13 significant events in the past 12 months. Patients affected by any events were offered an apology and informed of any actions to improve processes to prevent the same thing happening again.

National patient safety alerts, medicine alerts and updates were received into the practice by the practice manager. These were then reviewed by the health care assistant who identified any actions required, to be completed by the clinical team. Hard copies of all alerts and updates were signed as read by the relevant staff and kept on file for future reference.

### 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. Policies were available and accessible to all staff on the practice computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The contact numbers were also available on the noticeboards in the consultation and treatment rooms as well as the reception area. One of the GPs was identified as the lead member of staff for safeguarding and all the staff we spoke to were aware of this. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level in children's safeguarding (level 3).
- Notices in the waiting room, consulting rooms and the on the practice website advised patients that chaperones were available if required. Some of the staff who acted as chaperones had not received training for the role but they could clearly describe their responsibilities and knew where to stand when performing chaperone duties. The practice informed us that training had been arranged for those staff that needed it. The practice had completed a risk assessment to consider the need for a Disclosure and Barring Service check (DBS check) for their staff. 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 had decided that as reception staff performing chaperone duties were not left alone with the patient a DBS check was not required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse 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. A documented infection control audit had not been completed but we saw minutes of a meeting where infection control had been discussed and changes that had been implemented by the practice. For example, they had introduced a specimen box for patients to leave their specimens in to avoid reception staff handling them and all chairs in the practice had been changed to wipeable ones to reduce the risk of cross infection. We saw evidence that the practice was implementing good infection control measures, such as elbow taps, foot operated pedestal bins and laminate flooring were in use in the treatment rooms.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice

## Are services safe?

carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. Patient Specific Directions (PSDs) were used for certain travel vaccinations. In the past year the practice had started using the electronic prescribing service (EPS). EPS enables prescribers such as GPs and practice nurses to send prescriptions electronically to a pharmacy of the patient's choice. This made the prescribing and dispensing process more efficient and convenient for patients and staff.
- There was a policy for ensuring that medicines were kept at the required temperatures, but the policy did not describe what actions to take in the event of a potential failure. The nurse was aware of the actions they should take if the fridge temperature recorded outside of the recommended level. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. Past records of the temperature checks had not been kept. Original documents should be kept for one year so if there were any problems identified with the vaccines the practice could provide evidence that they had been stored correctly. The nurse described the action they took when the fridge temperature recorded below the recommended level. They had followed the correct process.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked in July 2015 to ensure the equipment was safe to use and clinical equipment was checked and calibrated in July 2015 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. They had not completed a legionella risk assessment but we were informed that they had planned to complete this imminently. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Since the inspection we have received confirmation from the practice that a Legionella risk assessment has been completed.

- 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 and staff worked additional hours, as required, to cover for unplanned absences. The practice used a regular locum GP to cover for the GPs when on leave.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, 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 better than the CCG and national average. The practice achieved 90% of available points compared to the CCG average of 85% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 3% exception reporting, compared to the CCG average of 97% and the national average of 98%.
- Performance for mental health related indicators was comparable to the CCG and national average. The practice achieved 92% of available points compared to the CCG average of 90% and the national average of 93%.
- Performance for dementia related indicators was better than the CCG and national average. The practice achieved 96% of available points compared to the CCG average of 87% and the national average of 95%.

The practice held monthly meetings with the GPs, nursing team, practice manager and business manager to review their performance in relation to QOF. They looked at the targets they needed to achieve and ensured that all the required patients were called into the practice for appropriate follow ups.

Clinical audits demonstrated quality improvement. There had been two clinical audits completed in the last year. One of these was a completed audit where the improvements made were implemented and monitored. The audit had looked at the prescribing of a medicine used to treat the symptoms of nausea and vomiting. The practice were able to demonstrate that there had been a reduction in the use of this medicine and they were following the guidelines for prescribing.

The practice reviewed local benchmarking data from the clinical commissioning group (CCG) to see how they were performing in relation to other local practices.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff we spoke with informed us they had received support from existing staff members to familiarise themselves with their new role. They had also received a three and six month performance reviews with the GPs and practice manager.
- 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 receiving information from the local CCG.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing



# Are services effective?

## (for example, treatment is effective)

support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff 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. 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. Community staff used the same clinical system and had limited access to the patients' record system so notes and actions taken were kept updated. Information from the out of hours service was received electronically the next working day and the GPs took responsibility for identifying any actions that needed to be completed.

### Consent to care and treatment

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

- Staff had received training and 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. All clinical staff demonstrated a clear understanding of Gillick competencies. (These were used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions).

### 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 practice nurse was going to attend training in smoking cessation so this service would be available at the practice.

The practice's uptake for the cervical screening programme was 78%, which was within the target but slightly below the CCG average of 80% 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 93% and five year olds from 85% to 92%.

Flu vaccination rates for the over 65s were 70% and at risk groups 45%. These were also comparable to the national averages of 73% and 49% respectively. The practice informed us that they were working with the CCG to improve the recall system for patients eligible for a flu vaccination and were planning to introduce weekend flu clinics.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- The consulting rooms had a separate room, with an examination couch, and curtains were provided in the treatment rooms which provided privacy and maintained patient's dignity during examinations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a private area at the reception desk that staff could use when patients wanted to discuss sensitive issues or appeared distressed.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. All levels of staff within the practice received praise and the treatment received was described as good and excellent. There were comments made that the staff were helpful and treated patients 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. They commented that the reception and nursing staff were always friendly and helpful. Comment cards highlighted that staff were supportive when required.

Results from the national GP patient survey, published 2 July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 83%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 87%, 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. They commented that there was continuity of care as they could usually get an appointment with their named GP. 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:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, 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 reception areas informing patients this service was available.

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

## Are services caring?

There were a variety of notices in the patient waiting room that told patients how to access a number of support groups and organisations. For example, The British Heart Foundation and Age UK. In addition there were a number of health information leaflets for patients to take away.

The practice identified patients who were also carers and placed an alert on the electronic patient record. There was a carer's information board in the reception area that gave information on the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted by letter. They were offered a referral to a bereavement counselling service if necessary.

# 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.

- 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.
- Open access telephone consultations were available for older patients.
- Telephone appointments were available. This was useful for patients who could not attend the practice.
- Routine appointment booking and repeat prescription requests could be made online.
- SMS text messages were used to remind patients of their appointment times.
- Same day appointments were available for children and those with serious medical conditions.
- Appointment times were available outside of school hours for children.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities including wide doors and access enabled toilets were available. The practice had wheelchairs for patients with mobility issues to use. The front door to the practice was not automated and there was no means of attracting attention of practice staff.
- All consulting and treatment rooms were on the ground floor. The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs.
- There was a hearing loop in the reception area and translation services were available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with appointments available from 8.30am to 11.30am and 4pm to 6pm daily. The practice did not offer any extended opening hours. 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. Traditionally the practice closed over the lunchtime period but in response to feedback, patients can now access the service at any time during the day.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 78% of patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 78% of patients said they always or almost always see or speak to the GP they prefer (CCG average 49%, national average 60%).

Comments cards we received generally aligned with these views, however, two comments were made that there was sometimes difficulty getting an appointment at a convenient time.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager 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. For example, in the practice information booklet, on the website and there was a poster in the patient waiting area.

The practice had received two complaints in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way. We noted there was openness and transparency when dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had reviewed its procedure for

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

rebooking appointments for patients when a clinician takes an unplanned absence. All complaints received by the practice were discussed at the all staff significant event 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 be a benchmark for health care in the community and had defined aims and values to achieve this. They had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values.

### 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 on the practice computer system.
- There was a comprehensive understanding of the performance of the practice such as through the monitoring of the quality and outcomes framework (QOF).
- 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 partners in the practice demonstrated their commitment to develop and lead the staff and to run the practice. They were supported in this by the practice manager and business 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners

encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information 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.
- Anonymised significant events and complaints were discussed at the team meetings which helped create an open culture within the practice.
- Staff said they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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 a patient participation group (PPG) that had been active for the past year. They held regular meetings, every three months that were attended by the practice manager and one of the GPs. The PPG submitted proposals for improvements to the practice management team. For example, the initial message given to patients on the telephone system when they contacted the practice was changed to inform patients of their position in the queue for the call to be answered. The PPG had a core group of six members but there was not a virtual group to gather opinions of the wider patient community.
- The practice had gathered feedback from patients through surveys and complaints received. They had completed an action plan following the most recent survey that included an increase in the proportion of same day appointments available and the introduction of name badges for all staff.

# Are services well-led?

Good 

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

- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The most recent results showed that 97% of respondents would recommend the practice.
- The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They provided teaching for medical students from Cambridge University. Both the GP partners were trainers and attended annual updates. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they were working with the local CCG to give every child and young person in Luton a healthy start in life and to reduce health inequalities in Luton. They had also developed a business plan for the introduction of a phlebotomy clinic and a community ear, nose and throat (ENT) clinic at the practice.