

# Dr Isam Saleh

## 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 Isam Saleh on 7 December 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The national GP patient survey asked patients if they felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. However, the information we received on the

CQC comments cards did not reflect the national GP patient survey results. There were 88 comment cards completed and they all had positive remarks about the practice.

- The practice had an effective system in place for handling complaints and concerns. Information about services and how to complain was available and easy to understand. For example, there were posters and leaflets in the patient waiting area and information on the practice website. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- A practice charter was displayed in the waiting area and on the practice website.

# Summary of findings

- The practice had a patient participation group (PPG) but they had not secured regular attendance from its members. There were posters in the patient waiting area and information on the practice website advertising for new members to the PPG.
- The practice had been recognised by Live Well Luton as the top performing practice in Luton for providing in house smoking cessation advice in 2016.

The areas where the provider should make improvement are:

- Implement a system to monitor the use of blank prescription forms and pads in the practice.
- Encourage patients to attend the national screening programmes for bowel and breast cancer screening.
- Continue to monitor and ensure improvements to national patient survey results particularly in relation to, treating patients with compassion, dignity and respect and involving patients in planning and making decisions about their care and treatment.
- Consider identifying a member of staff as a carers lead to continue to identify and support carers.
- Continue to establish the patient participation group (PPG).

**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. A significant event reporting policy available for all staff to access on the practice computer system.
- We saw examples to show that lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risks to patients were assessed and well managed.
- Blank prescription forms and pads were securely stored but there was not a system in place to monitor their use.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, performance for hypertension related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 2% exception reporting, compared to the CCG average of 97%, with 5% exception reporting, and the national average of 97%, with 4% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Clinical audits demonstrated quality improvement. There had been four clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- Two members of the reception team were trained to give smoking cessation advice and the practice had been recognised by Live Well Luton as the top performing practice in Luton for providing in house smoking cessation advice in 2016.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice lower than others for several aspects of care. However, patients we spoke to on the day of the inspection and the CQC comments cards we received were all positive about the standard of care received. Many cards said the GP was very good, polite and efficient.
- Patients said they were treated with compassion, dignity and respect.
- 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.
- The practice had identified 28 patients as carers, which was approximately 1% of the practice list. There was a carers board in the waiting area with written information available to direct carers to the avenues of support available to them. Carers were offered an annual health check and flu vaccination.

## 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 the Luton Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had arranged for a Polish speaking smoking cessation advisor to attend the practice regularly to provide specialist support to the local Polish community.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Extended opening hours were offered on Wednesdays from 6.30pm to 8pm.

# Summary of findings

- 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. The practice manager was the designated responsible person who handled all complaints in the practice. Learning from complaints was shared with staff and other stakeholders.

## 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 it.
- They had a practice charter that was displayed in the waiting area and on the practice website.
- 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 monthly governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. They had a patient participation group (PPG) but they had not secured regular attendance from its members. We noticed posters in the patient waiting area and information on the practice website advertising for new members to the PPG.
- They made use of the NHS Friends and Family test. Most recent published results showed 100% of 35 respondents would recommend the practice.
- There was a 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 held monthly multi-disciplinary team meetings with the community team to discuss any patients at risk of hospital admission or who needed extra care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Telephone consultations were available with the GP.
- A vaccination programme was in place including seasonal flu jabs, shingles and pneumococcal vaccinations.

Good



### People with long term conditions

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

- The GP with the support of the practice nurse had the lead role 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 local and national averages. The practice achieved 90% of available points, with 6% exception reporting, compared to the CCG average of 87%, with 10% exception reporting, and the national average of 90%, with 12% exception reporting.
- 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.

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.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to an appropriate level to manage child safeguarding, level 3, and the practice nurse was trained to level 2.
- Comments from patients on the CQC comments cards showed that children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 81%.
- Opportunistic chlamydia screening was offered to 15 to 24 year old patients.
- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Although the uptake was lower than average. For example,
  - 59% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 69% and the national average of 72%.
  - 36% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 50% and the national average of 58%.

Good





# Summary of findings

- Extended opening hours were available on a Wednesday from 6.30pm to 8pm. This catered for working patients who could not attend during normal opening hours.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 28 patients as carers, which was approximately 1% of the practice list. There was a carers board in the waiting area with written information available to direct carers to the avenues of support available to them. Carers were offered an annual health check and flu vaccination.

## 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).

Good



- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was comparable to the local and national averages. 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 patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A Mental Health Primary Care link worker visited the practice regularly so patients could be seen in a familiar environment.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. There were 361 survey forms distributed and 86 were returned. This was a 24% completion rate and represented approximately 3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 88 comment cards that were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and the premises were described as clean and hygienic. Patients commented that the staff were helpful, caring and treated them with dignity and respect. All levels of staff received positive comments about the care and service they provided.

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

The most recent published results from the NHS Friends and Family test showed 100% of 35 respondents would recommend the practice.

# Dr Isam Saleh

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

### Background to Dr Isam Saleh

Dr Isam Saleh also known as Wenlock Surgery provides a range of primary medical services to the residents of the High Town area of Luton. The practice has been at its current purpose built location of Wenlock Surgery, 40 Wenlock Street, Luton, Bedfordshire, LU2 0NN since the 1980s.

The practice population is ethnically diverse that represents the population of Luton. There is a higher than average 0 to 9 year and 25 to 39 year age range with a lower than average 15 to 24 year and 60 plus year age range. National data indicates the area is one of higher deprivation. The practice has approximately 3,270 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England and GP Practices.

The practice is led by a male, principal GP with the support of a practice manager. Regular GP locums were used to support the principal GP. The nursing team consists of a practice nurse and a health care assistant, both female. The practice employ a team of reception and administrative staff and a cleaner.

The practice is open from 8am to 6.30pm on Mondays and Wednesday to Friday and from 8am to 1pm on Tuesdays.

There is an agreement in place with another local practice for patients to access a GP, if required, on Tuesdays from 1pm to 6.30pm. Extended opening hours are offered on Wednesdays from 6.30pm to 8pm.

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

### How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 7 December 2016.

During our inspection we:

- Spoke with a range of staff including the GP, practice manager, practice nurse, health care assistant and reception and administrative staff. We also spoke with patients who used the service.
- Observed how staff interacted with patients and their family members.

# Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice had a significant event reporting policy available for all staff to access on the practice computer system which contained an incident recording form.
- Staff told us they would inform the practice manager of any incidents and complete the recording form. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when the boiler in the practice was not working they reviewed their business continuity plan and made contact telephone numbers for utility companies and contractors readily available.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact numbers were also available on the wall of the reception office. The GP was the lead member of staff for safeguarding

and 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. The GP was trained to an appropriate level to manage child safeguarding, level 3, and the practice nurse was trained to level 2.

- Notices in the waiting room and the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The GP and the practice nurse were the infection control clinical leads 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The infection control audit contained a hand washing audit of all staff that showed they were all following recommended hand washing protocols. The practice had supplies of personal protective equipment and spillage kits were available for the cleaning of bodily fluids.
- 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 Luton CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored but there was not a system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. We reviewed a selection of these

## Are services safe?

and found them to be in date and signed by the GP and the practice nurse. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

### 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 fire drills every six months. There were posters on the walls in the practice advising staff and patients of what to do in the event of a fire. All electrical equipment was checked in November 2016 to ensure the equipment was safe to use and clinical equipment was checked in May 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 skill mix of staff needed to meet patients' needs. The practice staff worked fixed hours and rotas with an agreement to work extra hours to cover absences. Locum GPs were used to support the principal GP. There was a locum pack in place to familiarize them with the practice and the locality.

### 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.

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 the clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 90% of available points, with 6% exception reporting, compared to the CCG average of 87%, with 10% exception reporting, and the national average of 90%, with 12% exception reporting.
- Performance for hypertension related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 2% exception reporting, compared to the CCG average of 97%, with 5% exception reporting, and the national average of 97%, with 4% exception reporting.
- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 92% of available points, with 17% exception reporting, compared to the CCG average of 90%, with 11% exception reporting, and the national average of 93%, with 11% 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. We reviewed exception

reporting with the practice and found they had an effective system for recalling patients on the QOF disease registers. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being subject of exception.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored. They included audits relating to medicines management, cervical smear taking and minor surgery.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, they had reduced the prescribing of an anti-sickness medicine to patients due to the risk of cardiac side effects.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had received training in subjects such as Respiratory Education and Alcohol Identification and Advice. All staff had received Conflict Resolution training.
- The practice nurse administered vaccines and took samples for the cervical screening programme and had received specific training which had included an assessment of competence. They 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, informal discussions and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings,



# Are services effective?

## (for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for revalidating the GP and practice nurse. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Two members of the reception team were trained to give smoking cessation advice and the practice had been recognised by Live Well Luton as the top performing practice in Luton for providing in house smoking cessation advice in 2016.
- The practice offered 'walk-in' blood pressure monitoring and weight checks for patients.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.
- Opportunistic chlamydia screening was offered to 15 to 24 year old patients.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Although the uptake was lower than average. For example,

- 59% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 69% and the national average of 72%.
- 36% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 50% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 92% to 98%. The CCG averages were from 88% to 95% and 84% to 96% respectively and the national averages were from 73% to 95% and 81% to 95% respectively.

## Are services effective?

(for example, treatment is effective)

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

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- There was information in the reception office regarding how to treat patients with respect.
- All staff had attended a Communication and Customer Service Workshop in March 2016.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There were notices in the patient waiting area advising them they could ask to speak in private.

All of the 88 patient Care Quality Commission comment cards we received were positive about the standard of care received. Patients said they felt the practice offered an excellent service and the premises were described as clean and hygienic. Patients commented that the staff were helpful, caring and treated them with dignity and respect. All levels of staff received positive comments about the care and service they provided.

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

The national GP patient survey asked patients if they felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 74% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Following publication of the GP patient survey the practice held a meeting to review the scores and formulate an action plan on how they could make improvements. They took into account the positive results they received from the NHS Friends and Family test. One of the actions was to implement measures to manage patients expectations of what to expect from their consultation. This included patient information posters that advised patients to book longer appointments if they had more than one medical problem to discuss.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The national GP patient survey asked patients about their involvement in planning and making decisions about their care and treatment. Results showed the practice were below the local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.

## Are services caring?

- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The information we received on the CQC comments cards did not reflect the national GP patient survey results. There were 88 comment cards completed and they all had positive remarks about the practice. For example, the GP was described as compassionate and understanding when discussing diagnosis and treatment. There were many cards that said the GP was very good, polite and efficient.

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

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

- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers, which was approximately 1% of the practice list. There was a carers board in the waiting area with written information available to direct carers to the avenues of support available to them. Carers were offered an annual health check and flu vaccination.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was followed by a patient consultation and by giving them advice on how to find bereavement support services. There were booklets, available to take away, with information on coping with bereavement in the patient waiting area.

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

- The practice offered extended opening hours on a Wednesday from 6.30pm to 8pm. This catered for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments were available outside of school hours for children to attend.
- Telephone consultations were available with both the GP and the practice nurse.
- Online appointment booking and repeat prescriptions were available. SMS text messaging was used to confirm appointment booking and remind patients of their appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities suitable for people with disabilities and patients with young children that included a ramp at the entrance and wide doors and corridors to manoeuvre wheelchairs and pushchairs. There was a lowered area of the reception desk to make it easier for patients in wheelchairs to communicate with the reception staff. There was a door bell at the entrance to alert reception staff if a patient required assistance entering the building. The building was single storey so all of the consultation and treatment rooms were on the ground floor. There were access enabled toilets and baby changing facilities.
- Notices in the waiting area advised mothers that they could ask for a private area to breastfeed their babies.
- There was a hearing loop in the reception area and a portable hearing loop for use in the consultation rooms.

Translation services were available. The practice had arranged for a Polish speaking smoking cessation advisor to attend the practice regularly to provide specialist support to the local Polish community.

- A Mental Health Primary Care link worker visited the practice regularly so patients could be seen in a familiar environment.

### Access to the service

The practice was open between 8am to 6.30pm on Mondays and Wednesday to Friday and from 8am to 1pm on Tuesdays. There was an agreement in place with another local practice for patients to access a GP, if required, on Tuesdays from 1pm to 6.30pm. Extended opening hours were offered on Wednesdays from 6.30pm to 8pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Urgent requests were reviewed and actioned by the GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

- 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, there were posters and leaflets in the patient waiting area and information on the practice website.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint regarding a family who attended for baby immunisations the practice reviewed its text messaging reminder messages and devised an advice sheet advising what to expect after vaccinations.

# 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 that was displayed in the waiting area and on the practice website that stated that it was practice policy to treat all patients equally and with respect. They aimed to give a caring and efficient service.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was aware of its limitations as a single handed GP practice and had explored options to merge with another practice in the locality.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the principal GP and the practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, an explanation and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings in addition to daily informal discussions within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP 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 sought patients' feedback and engaged patients in the delivery of the service.

- The practice had a patient participation group (PPG) but they had not secured regular attendance from its members. We met with the chairperson of the group who informed us that the practice had taken measures to recruit new members but there had been a lack of interest. The GP, practice manager, practice nurse and a receptionist had attended the meetings. We noticed posters in the patient waiting area and information on the practice website advertising for new members to the PPG.
- They made use of the NHS Friends and Family test, a feedback tool that supports the principle that people



# Are services well-led?

Good 

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

who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results showed 100% of 35 respondents would recommend the practice.

- There was a suggestions box in the waiting area.
- The practice had gathered feedback from staff through staff meetings, informal discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

The GP attended CCG cluster meetings with other practices in the area and the practice took part in a diabetic audit with six other practices.

We noted the practice staff worked well as a team. This was evident on the day of the inspection when following an incident two key members of staff had to leave the practice for a number of hours. We saw that the remaining staff supported each other and provided cover for their absent colleagues to ensure the practice continued to function and treat patients.