

Bramingham Park Medical Centre

Quality Report

Bramingham Park Medical Centre
Lucas Gardens
Luton
Bedfordshire
LU3 4BG

Tel: 01582 597737

Website: www.braminghamparkmedicalcentre.com

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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?

Requires improvement 

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 Bramingham Park Medical Centre on 25 October 2017. 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 a system in place for reporting and recording significant events.
- The provider had a central governance team who supported the practice to investigate and manage significant events, incidents and complaints.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Practice specific policies were supported by overarching provider policies.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The practice was supported by the providers learning academy to develop their staff.
- Results from the national GP patient survey, published July 2017, showed patients rated the practice below average for some aspects of care provided by GPs but they were in line with local and national averages for the care provided by the nursing staff.
- The provider was aware of areas where patient satisfaction had not been achieved and had formed an action plan and implemented measures to make improvements.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were accessible facilities, which included a hearing loop, access enabled toilets and electronic entrance doors. All consultation and treatment rooms were on the ground floor.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

The areas where the provider should make improvement are:

- Implement and review outcomes of the practice improvement plans to increase patient satisfaction with the service.
- Monitor patient feedback through the national GP patient survey, NHS Friends and Family test and practice surveys to continue to identify and ensure improvement to patient experience.
- Continue to identify and support carers.

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



- The practice used an online system for logging and managing significant events and incidents. From the sample of documented examples we reviewed, we found lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had a central governance team who supported the practice to investigate and manage significant events and incidents.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Practice specific policies for safeguarding were available and supported by overarching provider policies.
- Trained chaperones were available and notices in the consultation and treatment rooms advised patients of this.
- Staff recruitment was supported by the provider's human resources central team. We found appropriate recruitment checks had been undertaken prior to employment.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- The provider's regional nursing team supported audit activity within the practice and had an annual programme of audits in place that identified a different audit for each month of the year. Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Summary of findings

- 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey, published July 2017, showed patients rated the practice below average for some aspects of care provided by GPs but they were in line with local and national averages for the care provided by the nursing staff.
- The practice had developed an action plan in response to the patient survey scores. They informed us they now had regular GPs in the practice who worked the same days each week.
- Patients informed us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Customer service training had been provided for the reception staff.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 65 patients as carers which equated to 1% of the practice list. They had an identified carers champion, a carers noticeboard in the waiting area and written information was available to direct carers to the various avenues of support available to them. There was a carers café held every other month.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



- Results from the latest national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below average in some areas. For example,
 - 55% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 84%.
 - 48% of patients said their last appointment was convenient compared with the CCG average of 69% and the national average of 81%.

Summary of findings

- 48% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The provider analysed the conditions and needs of patients seen most frequently to identify opportunities for improving care pathways. They also looked at the profile of patients who did not attend the practice to improve patient engagement and ensure adequate care was provided.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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. All consultation and treatment rooms were on the ground floor. There was a hearing loop, access enabled toilets and electronic entrance doors.
- Same day appointments were available for children, older patients and those patients with medical problems that require same day consultation. Same day appointments were also available for patients with caring responsibilities.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision 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. The practice mission statement was displayed in the waiting areas and in the consulting and treatment rooms.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. Practice specific policies were supported by overarching provider policies.
- An overarching governance framework 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

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas. The practice was supported by the providers learning academy to develop their staff.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Annual health checks and vaccinations, including flu, pneumococcal and shingles were offered.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 90% compared to the CCG average of 87% and the national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

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.

- Patients with complex medical needs were identified with a system that ensured they received priority appointments.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice achieved above the required 90% target for childhood vaccinations. For example, rates for the vaccines given to under two year olds ranged from 94% to 97%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children,
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours, Saturday and bank holiday appointments.
- 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. For example,

Good



Summary of findings

- 74% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 68% and the national average of 73%.
- 60% 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%.
- The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 80% and the national average of 81%.

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 those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 65 patients as carers which equated to 1% of the practice list. They had completed an audit of carers to ensure the practice's computer system alerted GPs if a patient was also a carer. They had an identified carers champion, a carers noticeboard in the waiting area and written information was available to direct carers to the various avenues of support available to them. There was a carers café held every month.
- Information leaflets were available in easy read format. The practice had consulted with the Royal National Institute of Blind People (RNIB) for advice on providing information for patients with visual impairments. This included choosing the correct colours, contrast and font size for printed materials.

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).

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 88% compared to the CCG average of 86% and the national average of 84%.The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the practice achieved 100% compared to the CCG average of 95% and the national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment. The practice had an identified dementia champion.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 most recent national GP patient survey results were published in July 2017. The results showed the practice was below the local and national averages in some areas. There were 308 survey forms distributed and 111 were returned. This was a return rate of 36% and represented approximately 2% of the practice's patient list.

- 59% of patients described the overall experience of this GP practice as good compared with the CCG average of 76% and the national average of 85%.
- 48% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- 47% 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 66% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which contained mixed views regarding the practice. Patients commented they were treated with dignity and respect by the clinical staff and received good care when they got an appointment. However, there were negative comments regarding difficulty in obtaining an appointment and the attitude of

some of the reception staff. Patients also commented that there was a high turnover of staff and there was sometimes a lack of continuity of care. There were comments that there had been some improvements in the practice in recent weeks and some of the patients were positive regarding the recruitment of the advanced nurse practitioner (ANP) and the service they provided.

We spoke with ten patients during the inspection. All of the patients said they were satisfied with the care they received, although some said there could be difficulty in booking appointments. Patients commented that staff were approachable and caring. Again there were positive remarks regarding the service provided by the ANP. Some of the patients we spoke with were at the practice to attend the carers café. They were all positive regarding the support offered by the practice to carers.

The practice asked patients to provide feedback via the NHS Friends and Family Test, however, at the time of the inspection they had no responses or data to share with us. The NHS Friends and Family Test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Bramingham Park Medical Centre

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 Bramingham Park Medical Centre

Bramingham Park Medical Centre provides a range of primary medical services to the residents of Luton. The practice provides services from its purpose built location of Bramingham Park Medical Centre, Lucas Gardens, Luton, Bedfordshire, LU3 4BG. The registered provider is Phoenix Primary Care Limited who have merged with The Practice Group a company that provides services on behalf of the NHS.

The practice population is predominantly white British with a higher than average number of patients under 19 years and between 30 to 35 years of age. There is a below average number of patients over 60 years of age. National data indicates the area is one of mid deprivation. The practice has approximately 5,900 patients and services are provided under an Alternative Provider Medical Services (APMS) contract, a locally agreed contract with NHS England and GP Practices.

The practice employs two salaried GPs, one male and one female and they have three male GPs who are employed by The Practice Group on a sessional basis. The nursing team consists of an advanced nurse practitioner (ANP), a practice nurse and a health care assistant (HCA), all female. The

practice is currently recruiting a further practice nurse. There is a team of reception and administrative staff led by a part time practice manager and an assistant practice manager.

The practice is open from 8am to 8pm on Mondays, Wednesdays and Thursdays, from 7.30am to 8pm on Tuesdays and Fridays and from 8.30am to 12.30pm on Saturdays and bank holidays with the exception of Christmas Day.

When the practice is closed out of hours services are provided by Herts Urgent Care 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, for

Detailed findings

example Luton Clinical Commissioning Group and Healthwatch Luton, to share what they knew. We carried out an announced inspection on 25 October 2017. During our inspection we:

- Spoke with a range of staff including GPs, nursing staff, The Practice Group's Director of Nursing and Operation Quality, the assistant practice manager, reception and administrative staff.
- We spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- The provider used an online system for logging and managing significant events, incidents and complaints. All staff had access to the system via the providers intranet. Staff informed us they would log any incidents on the system and carry out an initial risk assessment. Once completed an alert was sent to the practice manager and the provider's governance team for an initial investigation. 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice with the support of the provider's governance team carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient's contact details were changed incorrectly, additional identity checks were introduced to ensure the correct patient electronic record was accessed.
- The practice also monitored trends in significant events and evaluated any action taken.

Patient safety alerts and MHRA (Medicines and Healthcare products Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. We reviewed the process for the most recent alerts received and noted that individual staff members had taken appropriate actions. Alerts were

discussed at clinical meetings and the provider had a schedule in place to re audit the record system at regular intervals to ensure continued adherence to patient safety and MHRA alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. There were practice specific policies for safeguarding which were supported by overarching provider policies. These policies were accessible to all staff on the provider intranet system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding children and vulnerable adults.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- Safeguarding meetings were held monthly and attended by the practice manager, assistant practice manager, the safeguarding lead and a safeguarding administrator. Members of the multi-disciplinary team were also invited.
- Notices in the waiting room, consultation rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and wore a badge that identified them. They had all received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The advanced nurse practitioner (ANP) was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to

Are services safe?

date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The provider completed regular audits of all patients prescribed high risk medicines to ensure that appropriate blood tests and monitoring had taken place.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The ANP had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Recruitment was supported by the provider's human resources central team.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises and notices on the walls in the practice advising staff and patients of what to do in the event of a fire.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. The provider had reviewed how many staff were required when they were commissioned to run the service and used a staffing matrix to assess staffing against the appointments they were contracted to provide. We were informed that this was reviewed each month by the practice manager and provider business manager and adjusted according to how many patients were currently registered with the practice. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or

Are services safe?

building damage. The plan included emergency contact numbers for staff. The practice was in close proximity to another managed by the same provider which could be used in the event of a major incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice achieved 99% of the total number of points available, with 12% exception reporting. This compared with the clinical commissioning group (CCG) average of 95%, with 12% exception reporting and national average of 96%, 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 2016/17 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 90% compared to the CCG average of 87% and the national average of 90%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the practice achieved 100% compared to the CCG average of 95% and the national average of 94%.
- Performance for dementia related indicators was better than the CCG and national averages. For example, the

percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 88% compared to the CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit:

- There had been seven clinical audits undertaken in the last year. Four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had reviewed the records of all patients prescribed a cardiac medicine to check they had received appropriate blood tests to monitor their renal function, according to recommended guidelines. When the practice completed a second cycle of the audit an improvement in the monitoring of these patients was demonstrated.
- The provider's regional nursing team supported audit activity within the practice and had an annual programme of audits in place that identified a different audit for each month of the year.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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, 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- 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.
- The provider had a central learning academy to support training within the practice.

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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition.

- Patients requiring advice on their diet, smoking and alcohol cessation were referred to Live Well Luton, a free healthy lifestyle service. Smoking cessation advice was also provided by the practice.
- The practice hosted a visiting mental health specialist clinician once a week for patients who required counselling or for the review of complex mental health needs. Physiotherapy and retinal screening was available on site twice a week.
- There was a health promotion noticeboard and leaflets to take away in the waiting area. The noticeboard and a monthly topic for health promotion advice. For example, at the time of the inspection there was information regarding mental health. There was also a noticeboard that contained information on self-help treatments for minor illnesses.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 80% and the national average of 81%. There was a policy to offer telephone, SMS text or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using a female sample taker. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice achieved above the required 90% target for childhood vaccinations. For example, rates for the vaccines given to under two year olds ranged from 94% to 97%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example,

Are services effective? (for example, treatment is effective)

- 74% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 68% and the national average of 73%.
- 60% 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%.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received eight Care Quality Commission comment cards which contained mixed views regarding the practice. Patients commented they were treated with dignity and respect by the clinical staff and received good care when they got an appointment. However, there were negative comments regarding difficulty in obtaining an appointment and the attitude of some of the reception staff. Patients also commented that there was a high turnover of staff and there was sometimes a lack of continuity of care. There were comments that there had been some improvements in the practice in recent weeks and some of the patients were positive regarding the recruitment of the advanced nurse practitioner (ANP) and the service they provided.

We spoke with ten patients including three members of the patient participation group (PPG) and patients who had attended the carers café. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the latest national GP patient survey, published July 2017, showed how patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses in most areas but below average in some. For example:

- 78% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 87% 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%.
- 68% 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 86%.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 85% 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%.
- 69% of patients said they found the receptionists at the practice helpful compared with the CCG average of 80% and the national average of 87%.

The practice had developed an action plan in response to the patient survey scores. They informed us they now had regular GPs in the practice who worked the same days each week. Reception staff had attended an external customer service training course, they had been given clear guidelines on telephone etiquette with included the expectation to answer the telephone within three rings, state their name and deal with all calls in a professional manner.

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. However, they commented that there had historically been a high turnover of staff that had led to them not seeing the same GP on a regular basis. They said they felt listened to and supported by staff and had sufficient time during

Are services caring?

consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards aligned with these views. We saw that care plans were personalised.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages for GPs but in line with local and national averages for nursing staff. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 64% 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% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format. The practice had consulted with the Royal National Institute of Blind People (RNIB) for advice on providing information for patients with visual impairments. This included choosing the correct colours, contrast and font size for printed materials.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or housebound patients included signposting to relevant support and volunteer services. There was an identified dementia champion.

The practice maintained a register of patients who were also a carer. The practice had identified 65 patients as carers which equated to approximately 1% of the practice list. They had completed an audit of carers to ensure the practice's computer system alerted GPs if a patient was also a carer. They had an identified carers champion, a carers noticeboard in the waiting area and written information was available to direct carers to the various avenues of support available to them. There was a carers café held every month. We saw evidence of this on the day of the inspection and spoke with carers who had attended. They were all positive regarding the café and commented that they found it supportive. The provider informed us that they arranged for visiting speakers to attend the café. For example, a social worker had attended to give advice on how to complete forms for benefit payments and on the day of the inspection, the advanced nurse practitioner (ANP) from the practice attended and told us about advice given to carers regarding health checks and flu vaccinations. The practice ensured that there were dedicated appointments available for carers each day. Carers were offered an annual health check and flu vaccination.

Staff told us that if families had experienced bereavement, their usual GP sent them a condolence letter with advice on how to find a support service. Patient consultations at a flexible time and location to meet the family's needs were also offered.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The provider analysed the conditions and needs of patients seen most frequently to identify opportunities for improving care pathways. They also looked at the profile of patients who did not attend the practice to improve patient engagement and ensure adequate care was provided.
- The practice offered extended hours from 7.30am to 8am on Tuesdays and Fridays, from 6.30pm to 8pm every weekday and from 8.30am to 12.30pm every Saturday and bank holidays with the exception of Christmas Day. This was especially useful for those 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children, older patients and those patients with medical problems that require same day consultation. Same day appointments were also available for patients with caring responsibilities.
- Patients with complex medical needs were identified with a system that ensured they received priority appointments.
- The practice sent text message reminders of appointments and within normal range test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, access enabled toilets and electronic entrance doors. All consultation and treatment rooms were on the ground floor.

- Interpretation services and health information leaflets in an easy read format were available.
- The practice worked with patients to develop initiatives to support improvement to access to services, for example, a 'you said, we did' board in the waiting room showed improvements made to services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered from 7.30am to 8am on Tuesdays and Fridays, from 6.30pm to 8pm every weekday and from 8.30am to 12.30pm on Saturdays and bank holidays with the exception of Christmas Day. Appointments were available during these times. Pre-bookable appointments could be booked up to six weeks in advance; urgent and same day appointments were also available for patients that needed them.

Results from the latest national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with the local and national averages in some areas but below in others.

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 51% of patients said they could get through easily to the practice by phone compared to the CCG average of 57% and the national average of 71%.
- 55% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 84%.
- 48% of patients said their last appointment was convenient compared with the CCG average of 69% and the national average of 81%.
- 48% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 48% and the national average of 58%.

To help improve patient satisfaction the practice had undertaken measures as part of their action plan. These included,

Are services responsive to people's needs?

(for example, to feedback?)

- The recruitment of an advanced nurse practitioner (ANP) to provide urgent on the day minor illness appointments.
- A review of the appointment system that resulted in the implementation of additional appointments in the evening and on Saturday mornings.
- Emergency appointments for children to deal with sudden illnesses.
- Additional reception staff recruited so more staff were available to answer the telephones at peak times.
- There was also a new telephone system that enabled the practice to use statistics regarding call waiting times and length of calls to schedule staff to meet the demand.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The duty GP would contact the patient by telephone in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- All complaints were logged on the provider's online system for logging and managing significant events, incidents and complaints.
- The practice manager was the designated responsible person who handled all complaints in the practice. They were supported by the provider's central governance team.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available in the patient waiting area, and there was information on the practice website.

We looked at six complaints received in the last 12 months and found these were handled in a timely way with openness and transparency. Records were kept of verbal and written communications. Lessons were learned 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, extra administration time was allocated to the GPs following a complaint that there had been a delay in fulfilling repeat prescription requests.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and in the consulting and treatment rooms. Staff we spoke with knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice informed us that they planned to increase their services to include minor surgery and family planning services.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was a lead GP for safeguarding and the advanced nurse practitioner was the lead for infection prevention and control.
- Practice specific policies, supported by overarching provider policies, were implemented and were available to all staff on the provider's intranet system. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The provider monitored performance in relation to other practices within their group and provided league tables to encourage improvements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This was supported by the provider's clinical governance team.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The registered provider for the practice was Phoenix Primary Care Limited who had merged with The Practice Group, a company that provided services on behalf of the NHS. There was a part-time practice manager, who with the support of an assistant practice manager, was responsible for the day to day running of the practice. We were informed that the provider had recruited a full-time practice manager who would take on this role following successful recruitment checks. On the day of inspection, the management team 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 managers and the GPs were approachable and always took the time to listen to all members of staff. The provider was aware of areas where patient satisfaction had not been achieved and had formed an action plan and implemented measures to make improvements.

The provider was aware of and had systems 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 provider encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- A number of initiatives were in place to support staff wellbeing that included access to counselling, debt advice and childcare vouchers. The practice had also planned a team-building event.
- the NHS Friends and Family test, complaints and compliments received. The practice asked patients to provide feedback via the NHS Friends and Family Test, however, at the time of the inspection they had no responses or data to share with us. (The NHS Friends and Family Test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience).
- staff through staff meetings, appraisals and discussion. 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.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had recommended a review of the appointments system and commented that they had noticed some improvements in recent weeks. There was a PPG noticeboard in the waiting area that advised who were members of the group and the work they did with the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was supported by the providers learning academy to develop their staff. The provider was working with Hallam University and the Royal College of Nursing (RCN) to provide accredited courses for staff.

The practice was working with the CCG to provide pharmacy consultations within general practice. They had recruited one pharmacist with funding from the CCG and were in the process of recruiting a further pharmacist.