

London Road Health Centre

Quality Report

The Health Centre
84-86 London Road
Bedford
MK42 0NT

Tel: 01234 266851

Website: www.londonroadsurgery.co.uk

Date of inspection visit: 23 February 2016

Date of publication: 26/08/2016

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 London Road Surgery and the branch site of Elstow Medical Centre on 23 February 2016.

Throughout our report, when we refer to 'the practice', we are including both sites, unless specifically mentioned by name. Overall the practice is rated as good.

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

- The practice had a clear vision, had recognised the needs of patients in the community it served and set out to deliver services to meet the needs of its patients.
- The partners had worked constructively to create an open and transparent approach to safety. A clear system, which was made known to all staff, was in place for reporting and recording significant events.
- Risks to patients were identified, assessed and appropriately managed. For example, the practice

implemented comprehensive recruitment checks for new staff, undertook regular clinical reviews and followed up-to-date medicines management protocols.

- We saw that the staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were encouraged and supported to access relevant training, to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients was generally positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Comments from patients on the 20 completed CQC comment cards confirmed these views.
- Results from the GP Patient Survey published in January 2016 were generally positive, with most outcomes comparable with local and national

Summary of findings

averages. For example, 74% of patients would recommend the practice to someone new to the area, which was in line with the local CCG and national average of 79%.

- The practice provided clear and comprehensive information to patients about the services available. Leaflets with advice about how to complain or provide feedback were available to patients in the waiting area and published on the practice website. Where appropriate improvements were made to the quality of care as a result of complaints and concerns. Outcomes from complaints were shared and learning opportunities identified as appropriate.
- Appointments were readily available. Urgent appointments were available the same day, although not always with the patients named or usual GP. Ninety percent of patients said the last appointment they got was convenient, which was comparable to both local and the national average of 92%.
- Services were provided from two sites across Bedford, patients could attend at either location. Both sites occupied purpose built premises which had access to good facilities and equipment in order to treat patients and meet their needs.

- There was a clear leadership structure and we noted there was positive outlook among the staff, with good levels of morale in the practice. Staff said they felt supported by management.
- The practice proactively sought feedback from staff and patients in a variety of ways, which it acted on.
- An externally funded project had facilitated the provision of a 'Community Health Champion'. The project was identified as a 'social prescribing' initiative, designed to improve access to services for people who may face health inequalities.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- The practice should review issues concerning patient confidentiality at reception and consider what further action may be available to protect patient sensitive and personal information.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'.
- The GP partners and managers encouraged staff involvement in service development and lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected incidents patients received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes to avoid a possible repeat incident.
- The practice had well established systems in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, this included arrangements for monitoring standards of infection prevention, the safety and security arrangements in place for the management and issuing of prescriptions and medicines.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 99% of the total points available to them, for providing recommended care and treatment to their patients. This outcome was higher than the average scores with the local CCG and the national average of 95%.
- Staff referred to guidance from the National Institute for Health and Care and Excellence (NICE) and used it as required to assess and deliver care in line with current evidence based guidance.
- The practice was positively engaged with an ongoing programme of clinical audits, which demonstrated a commitment to quality improvement, professional development and patient care.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.
- There was clear evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated with other health care professionals in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey was broadly in line with local and national averages and showed that patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 80% of patients said the last GP they saw or spoke to was good at treating them with care and concern, this was comparable with the local CCG average of 84% and the national average of 85%.
- Feedback from the 20 completed CQC comment cards was generally positive. Patients told us they were impressed by the attitude and approach of the staff, with some cards describing the service as excellent. Two comments reflected on problems with access to appointments.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible. The practice had a comprehensive and well produced practice leaflet. Posters and leaflets were also available in the waiting area and information was available on the practice website.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice.

Good



Summary of findings

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified.

- 84% of patients said the receptionists at the practice were helpful, which was comparable to the CCG average of 88% and the national average of 87%.
- Whilst 61% of patients described their experience of making an appointment as good, this was lower than the CCG average of 75% and national average of 73%. In response to these findings and previous feedback, the practice had reviewed telephone access and made more staff available to answer calls at peak times and introduced on-line appointment booking facilities.
- Urgent appointments were available the same day and advance booking of appointments was available up to two weeks in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff as appropriate. The practice encouraged positive feedback and celebrated success and achievements appropriately.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver good quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had appropriate policies and procedures to govern activity and service delivery.
- Regular governance meetings were in place, with staff at both sites able to attend and included in discussions.
- Systems were in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff. The practice had a vision which identified existing responsibilities and possible future developments.

Good



Summary of findings

- There was a clear and accessible framework outlining the governance and management arrangements across the practice, which supported the delivery of good quality care to patients. 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, transparency 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. The practice benefitted from an active and engaged patient participation group.
- As a training organisation there was a clear and strong focus on continuous learning at all levels across the practice. Staff were supported in their learning and development and continuous professional development goals.

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 had accurate and clear information about the patients it cared for. They had 11% of patients over 65 years of age and 1.5% over 85 years on the practice list. Most lived at their own homes, some with carers or other support. The practice had 201 carers recorded on their register, which represented approximately 1.5% of the patient list.
- The practice had 0.6% of patients living in residential care homes, which was in line with the national average of 0.5%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. GPs were able to offer home visits to those patients who are unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible. For example, when GPs visited patients who lived in residential care homes they ensured that patient medication was reviewed regularly and other routine tests were undertaken without the need for patient admission to hospital.

Good



People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

- 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 constructively with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had created positive links with local groups and charities which offered support and advice to patients, for example with Diabetes UK.
- The practice had clear protocols in place to support the treatment of patients with long-term conditions. For example, the practice offered longer appointments to these patients and home visits were available when needed.

Good



Summary of findings

- The practice held records of the number of patients with long term conditions. These patients are seen at the surgery on a regular basis and invited to attend specialist, nurse-led clinics.
- Arrangements were in place to ensure patients with diabetes were invited for a review of their condition twice yearly.
- 96% of the patients on the diabetes register had influenza immunization in the preceding 01 August to 31 March 2015, which was comparable with the national average of 94%.
- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and COPD were in place. The practice had clear objectives to reduce hospital admissions for respiratory conditions. All patients who were admitted to hospital were reviewed by the practice respiratory nurse after discharge.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The uptake for cervical screening was 80% which was in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and social services.
- The practice supported a number of initiatives for families with children and young people. For example, the practice held regular meetings with the Bedfordshire 0-19 Team, to support vulnerable children and families.
- Immunisation rates for all standard childhood immunisations were broadly similar to local CCG performance averages. The practice provided flexibility over times for immunisation appointments.

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).

Good



Summary of findings

- 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 reflected the needs for this age group.
- The practice offered access to telephone appointments and telephone consultations to avoid unnecessary visits to the surgery.
- Extended opening hours were available at the London Road Surgery on Wednesday evening and at the Elstow Medical Centre on Saturday mornings.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, which included homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked positively and collaboratively with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patient registration processes had been simplified to make registration as a new patient easier. The practice offered temporary registration arrangements when required by patients.
- Staff had received awareness training to assist them in recognising 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.
- An externally funded project had facilitated the provision of a 'Community Health Champion', a project based initiative to work across social boundaries and improve access to services for people who may face health inequalities. Clear and positive links had been created and maintained with local support groups and organisation and national charities.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. The practice hosted the alcohol counselling services.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Reception staff had additional training to facilitate easier access to services for patients.
- The practice's computer system was able to identify to GPs if a patient was also a carer. The practice had worked hard to identify carers and had identified 201 patients as carers, which amounted to approximately 1.5% of the practice list

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was generally in line with the local CCG and national averages.

In total 315 survey forms were distributed and 125 were returned. This represented a 40% response rate, but was less than 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 completed comment cards, which were all positive about the standard of care received. Two patients reported delays when making an appointment. All comments reflected the caring nature of the staff and a number of the cards identified named members of staff

who had provided exceptional care and attention. Some of the comments were from patients who had recently registered with the practice, whilst other had been registered with the practice for many years.

We met with eight members of the Patient Participation Group (PPG) and 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.

Members of the PPG confirmed that staff at the practice were caring and committed to providing good quality services. The availability of appointments was considered to be reasonable, with urgent appointments always made available on the day. It was, however, recognised that there could be a delay if an appointment with a preferred GP was required.

It was also noted that when patients were booking in at the reception desk in the London Road Surgery it was sometimes possible to overhear details of the person at the desk. PPG members told us that they felt the situation had been exacerbated following changes to the layout of the reception and waiting area three years ago. We noted that the practice had attempted to address this concern and reception staff had been given training and awareness in patient confidentiality and we saw that a private room was available for patients to discuss sensitive personal information if required.

Areas for improvement

Action the service SHOULD take to improve

- The practice should review issues concerning patient confidentiality at reception and consider what further action may be available to protect sensitive and personal information.

London Road Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a GP specialist adviser and was led by a CQC Inspector.

Background to London Road Health Centre

Dr J Kedward and Partners provides primary medical services from the London Road Surgery located at The Health Centre, 84-86 London Road, Bedfordshire.

The practice has a branch surgery at Elstow Medical Centre, Abbeyfields, Bedford and patients can access services from either of these sites. Both sites were inspected as part of this inspection.

The practice has 15,359 registered patients. The practice has a relatively high turnover of registered patients and, with 27% of patients under 18 years of age, also has a younger age profile than the England average of 22%.

According to national data the geographical area covered by the practice is in the fourth more deprived decile. The prevalence of patients with health related problems in daily life is 47% compared with national average of 53%.

Life expectancy averages for patients is lower than national averages. For males it is 79 years, with the local CCG average 80 years and the England average 79 years. For women, the life expectancy for patients at the practice is 82 years, the local CCG average and the England average is 83 years.

The practice has 0.6% of its registered population living in nursing homes compared to the national average of 0.5%.

The London Road Surgery is a purpose built medical centre, which is approximately 50 years old. The practice shares the building with other health and care services.

Elstow Medical Centre is a modern, purpose built premises providing services approximately four miles away across the town of Bedford. Facilities and space are good. The practice moved into the building in 2008.

Consultation and treatments rooms are all on the ground floor in each building.

The clinical team at the practice is made up of eight GP partners, two salaried GPs, one nurse practitioner, one minor illness nurse and two practice nurses and two health care assistants. At the time of our inspection four trainee GPs were also at the practice. Administration and management is provided by the practice manager, office manager and a team of 18 administrators and reception staff, providing support across a broad range of roles and duties.

The practice provides services under the auspices of a Personal Medical Services (PMS) contract.

- The main site, at the London Road Surgery, is open between 8.00am – 12.30pm and between 1.30pm and 6pm from Monday to Friday.
- Appointments are available between 08.30am and 11.10am in the morning and from 2.00pm until 5.30pm in the afternoon.
- Extended hours appointments are offered from 6.40pm until 8.00pm on Wednesday evening.
- The branch site, at Elstow Medical Centre, is open between 8.00am - 12.30pm and between 1.30pm and 6.00pm from Monday to Friday.
- Extended hours are offered on Saturday morning between 09.00am and 12.00pm for pre-bookable appointments.

Detailed findings

During the evening, night and weekend, when the practice was closed, services were provided by Bedford on Call (BEDOC).

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

In advance of our inspection visit we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 23 February 2016.

During our visit we:

- Spoke with a range of staff; including Partner GPs, Salaried GPs, practice nurse, practice manager, administration staff, and representatives from the Patient Participation Group and patients who used the service.

- Observed how patients were assisted and talked with carers and/or family members.
- 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.

- Non-clinical staff told us they would inform the practice manager of any incidents or concerns. Clinicians would refer the matter to a GP partner as appropriate. The incident recording process engaged by the practice 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 appropriate support and information as the practice undertook an investigation of the circumstances. Upon the completion of the investigation a written response was issued to the patient or complainant, which included, where appropriate an apology, and details about any actions the practice had identified to improve processes in order to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events which had occurred at the practice.

We reviewed safety records, incident reports, patient safety 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.

We also saw that the practice sustained a healthy approach to the identification, management and learning from various significant events which occurred in the previous 12 months. For example, an administrative error had resulted in correspondence being wrongly allocated and some personal information about a patient was shared inappropriately. As a result of the incident the practice reviewed its systems for dealing with correspondence and retrained and reminded staff about safe handling of information. We saw that that had been no further incidents or concerns in relation to patient information.

The practice had a positive approach to improvement and identifying situations when things went wrong. The partners encouraged and embraced the ethos of 'appropriate challenge' and supported staff in their learning.

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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice had a named GP who acted as safeguarding lead. We saw that all staff were trained to appropriate levels in accordance with the needs of their role, with clinicians trained to level three.
- Notices in the waiting area and consultation rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were visibly clean and tidy. A nurse was the clinical lead for infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy 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 arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the appropriate and regular review of high risk medicines. We saw that the practice had appropriate, secure arrangements in place for monitoring the usage of prescriptions and the storage of blank pads.

- The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice undertook appropriate medication reviews for patients, including high risk medication such as Lithium or Warfarin, which included liaison with other care providers, for example when patients were seen in hospital.
- Medicine safety alerts were received and managed in the first instance by the practice manager, who cascaded them to clinicians. Copies of alerts and updates were logged on the shared drive within the practice. This ensured staff had access to alerts and relevant information at all times. . A named GP was lead for dealing with follow-up action for alerts.
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had excellent systems in operation to manage staff recruitment; these were supplemented by a comprehensive range of other employment policies. The practice manager and administration team had ensured effective administration process were in place. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, we saw that the practice had obtained proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had comprehensive procedures in place for monitoring and managing risks to patient and staff safety. The practice had a full and effective approach to

health and safety matters. A health and safety policy was available to all staff, information posters were appropriately displayed which identified local health and safety representatives.

- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty in order to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment we checked were in date and stored securely.
- The practice had a disaster recovery plan in place for incidents which may impact on the ability to provide services, such as power failure or building damage. The plan was available via an internet service accessible from outside the practice and contained emergency

Are services safe?

contact details for staff, the emergency services and utility companies. The practice had reciprocal arrangements in place for each of the sites from which they operated.

- Clear contact arrangements had been identified with NHS England. For example, in the event of a significant medical emergency or terrorist threat, emergency contact details were readily available to the appropriate staff at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 at the time of the inspection demonstrated that the practice achieved 99% of the total number of QOF points available. The performance of the practice was broadly comparable to national averages in all domains and, with an overall exception reporting rate of 13%, (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). The practice was not an outlier for any of the QOF (or other national) clinical targets.

Data from 2014 - 2015 showed:

- Performance for diabetes related indicators was broadly similar to the national average. The practice achieving overall 88% with the national average 84%.
- The practice had delivered outcomes which were higher than national averages across some of the measures. For example, the practice achieved 96% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2014 to 31 March 2015. This compared well to the national average of 94%. Other performance measures identified

the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 82% against a national average of 80%.

- The practice had provided dedicated clinics to support patients with diabetes. These had worked to address patient needs and regular review and monitoring was in place to identify and implement improvement wherever possible. Equally, the practice's Community Health Champion project had worked to create a positive link with the charity Diabetes UK in order to provide advice and education on lifestyle choices for patients.
- Performance for mental health related indicators was again in line with the national average, with the practice recording 89% matching the national average 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2014 to 31 March 2015) the practice recorded 92%, while the national average was 84%.

Some measures showed the practice performance was below the national average.

For example,

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2014 to 31 March 2015) was 83%. This was below the national average of 90%.

The practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns. Links were in place with the Improved Access to Psychology Therapies (IAPT) team and the practice provided therapy rooms for a counselling service.

There was evidence of quality improvement including:

- A comprehensive and regular cycle of repeated clinical audits. We saw that audits for medication review of the patients over 65 years of age on specific medications,

Are services effective?

(for example, treatment is effective)

which included the audit and re-audit for prescribing. Any suggested improvements were shared as appropriate at staff and team meetings and developments were monitored.

- The practice undertook an audit of patients on ACE inhibitors for hypertension in June 2015. The subject for audit was identified following an incident within the practice and it provided a learning opportunity for all clinicians. The practice identified that improvements in reviews for renal function and recording of blood tests for patients had resulted in 97% of patients being appropriately checked over the preceding six months and an 18% increase on performance before the audit had been completed.

The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from audits were used by the practice to evaluate, review and improve services. As a training establishment the practice had a clear and strong focus on learning and development. For example, we saw frequent examples, from reports of significant events, where the practice had liaised with external agencies and other health care providers to offer advice on patient referral and diagnosis.

Effective staffing

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

- The practice had a comprehensive 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 the practice had dedicated, qualified nurses dealing with patients with Asthma and chronic obstructive pulmonary disease (COPD).
- The practice also had mutually beneficial arrangements in place which saw members of the counselling and Improving Accessing to Psychological Therapies (IAPT) team co-located in the practice to provide easier access for patients using the counselling and therapeutic services.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training, with protected learning time assured throughout the year.

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. We saw for example that the practice had staff with specific lead responsibilities in areas such as prescribing, where developments, improvements and results of reviews were shared appropriately with staff.

We saw that the practice held structured clinical meetings to discuss developments in patient care and treatment. Regular meetings were held with district nurses, Macmillan nurses and Gold Standard Framework discussion were included within the range of engagement undertaken by the practice. The practice worked in cooperation with the local Clinical Commission Group and Federation meetings.

Are services effective?

(for example, treatment is effective)

Collaborative and cooperative working included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw that regular, structured 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 advice was available from local support groups.
- A counsellor was available at the practice for those recently bereaved patients.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. The practice issued reminders to patients who did not attend for their cervical screening test. A new initiative of reminding patients of their appointments using text messages on their mobile telephones had been introduced, it was hoped this would improve attendance rates for all appointments.

The practice was able to encourage uptake of the screening programme by using information in different languages if required and for those with a learning disability. They ensured a female sample taker was available.

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

- 67% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 74% and the national average of 72%.
- 49% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 95% to 98%.

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had been successful in obtaining external funding to support the provision of a pilot scheme to improve patients' health and lifestyles. The creation of the Community Health Champion under the auspices of a social prescribing project had enabled the practice to develop a range of social and community links. The social prescribing project had been designed to improve patient health by raising awareness of healthy lifestyle choices and engaging patients in social and community projects to improve social engagement and wellbeing of patients.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some cards identified named members of staff as providing exceptional care and support. Patients told us they felt the GPs and nurses listened to them during consultations and they were given plenty of time. Only two cards highlighted occasional concerns regarding access to appointments, but even these cards identified the good quality of care received.

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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally comparable, though slightly below local and national averages for its satisfaction scores on consultations with GPs and nurses.

For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice regularly reviewed the outcomes of the survey and sought to implement improvements or changes to services to align with feedback wherever possible. The practice was aware of the survey feedback and it formed topics of discussion at clinical and all staff meetings to examine where improvements might be identified and to recognise achievements.

For example, the practice had reviewed customer service training opportunities for staff, had sought to identify 'smarter' ways of working and had introduced SMS text messaging reminders for patients instead of always using letters to contact patients. .

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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice had proactively reviewed and analysed the outcomes of the survey and had celebrated positive results with staff and sought to address any possible areas for improvement and developments.

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

- The practice had a professionally produced a comprehensive practice leaflet, which provided detailed information about services available at the practice, opening times, signposting information to other agencies and organisations within the locality.

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 worked hard to identify carers and had identified 201 patients as carers, which amounted to approximately 1.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The Community Health Champion had been actively engaged in developing positive links with Carers in Bedfordshire, with drop-in sessions made available to patients and informal coffee mornings which were designed to encourage patients who were carers to meet socially and become more aware of support available to them.

The practice had access to counselling services located on site and made appropriate referrals to the Improving Access to Psychological Therapies (IAPT) service. If families had experienced bereavement, their usual GP contacted them and this was followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a suitable support service to meet their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on Wednesday evening from 6.30pm until 8pm and on Saturday morning from 8.30am until 11.30am. The practice had recognised a need for patients who worked or those who could not attend the practice during core hours.
- There were longer appointments available for patients with a learning disability.
- The practice employed both male and female GPs; therefore patients could choose to see a male or female GP.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included visits to residential care and nursing homes and for people with learning disabilities.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided toilets for patients and baby changing facilities and supported mothers who wished to breast feed their children.
- There were disabled toilet facilities, a hearing loop and translation services were available for those patients who required them.
- The practice routinely monitored changes and developments in its patient list and noted an increase in the number of patients from Eastern Europe, and so ensured that staff were aware of the availability of translation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice offered a range of appointments during an extended opening period as follows;

- The main site, at the London Road Surgery, was open between 8am - 12.30pm and between 1.30pm and 6pm from Monday to Friday.
- Appointments are available between 8.30am and 11.10am in the morning and from 2pm until 5.30pm in the afternoon.
- Extended hours appointments are offered from 6.40pm until 8pm on Wednesday evening.
- The branch site, at Elstow Medical Centre, was open Monday to Friday between 8.00am until 12.30pm and between 1.30pm and 6pm from Monday to Friday.
- Extended hours are offered on Saturday morning between 8.30am and 11.30am for pre-bookable appointments.

In addition to pre-bookable appointments that could be booked in advance, urgent and same day 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.

- 82% of patients were satisfied with the practice's opening hours compared to the local CCG and the national average of 75%.
- 80% of patients said they could get through easily to the practice by phone compared to the local CCG average of 76% and the national average of 73%.
- 76% of patients said their experience of making an appointment as good, which was the same as the local CCG and national average of 76%.
- 49% of patients felt they didn't normally have to wait too long to be seen. This compared to the local CCG average of 56% and the national average of 58%.

Feedback from two of the completed CQC comment cards identified minor concerns regarding access to appointments; however, the majority of comments were consistently positive and did not identify any problems regarding access. People told us on the day of the inspection that they were able to get appointments when they needed them.

Patients were able to book appointments in person at the practice, or by telephone or via the on-line booking system. The practice operated a system for managing appointments to ensure the smooth management of demand and clinical time availability. Standard GP

Are services responsive to people's needs?

(for example, to feedback?)

appointments were ten minute duration, with additional time allocated for registrars or patients with more complex needs. For example, where it was known an interpreter was required a longer appointment session would be pre-booked. Nurse appointments were, similarly, actively managed to ensure the best use of clinical time and availability.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had an information leaflet, a separate complaint leaflet and information about how to provide feedback or to complain was available within the practice and on the website.

We looked in detail at two complaints received in the last 12 months and found these had been well managed. We saw that feedback was welcomed and actively encouraged by the practice.

For example, the practice had received a complaint about the availability and waiting time for appointments. The practice had reviewed the circumstances in the individual case. We saw that the practice manager and a GP Partner had discussed the circumstances with the patient and explained how the appointments system operated. The practice maintained ongoing oversight of the appointments system and availability of all types of GP and nurse appointments was monitored, with additional appointments made available where possible to meet peaks in patient demand.

Complaints and concerns were investigated and findings shared with patients and staff appropriately. Written responses to complainants were presented well and the process appeared transparent and timely.

Where lessons were learnt from individual concerns and complaints and also from analysis of trends action was taken to as a result to improve the quality of care. For example, in response to a patient's concern about arrangements for making an 'on-the-day' appointment the practice had reviewed arrangements for the allocation and availability of appointments and re-evaluated the systems in place to determine how the time for appointments was managed.

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 staff knew and demonstrated that they understood and embraced the values. The practice sought to maintain a consistent approach to supporting staff and enabling them to provide good quality services to patients.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.

The practice had clear operational targets, for example to reduce admission rates to hospital and A&E attendances. To achieve this objective the practice had introduced additional measures such as proactively following up inappropriate attendances by contacting patients and offering advice and guidance about health and lifestyle options and health management choices.

Governance arrangements

The practice had a clear 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 by partners and the management team through regular meetings and progress review sessions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us their priorities were to provide a responsive, effective and safe service to all of their patients. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The stability of the staff group was recognised by the practice as a positive element of continuity of delivery care to the patients.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through

Are services well-led?

Good 

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

surveys and complaints received. The practice had sought to develop a Patient Reference Group (PRG) in tandem with the PPG. This was to be a much larger group, based on email or online activity.

- The development of the PRG would enable the practice to gather views and input from a much broader group of patients, whilst still benefitting from the face to face discussions with the PPG members. The PRG was able to provide feedback via online reporting or in response to emails and questionnaires.

- The development and implementation of the current telephone appointments system could be traced back to feedback from the PPG, when in 2015; the patient survey identified a number of concerns about telephone access. The PPG was also instrumental in discussions relating to the introduction of on-line booking and clinicians being reminded about keeping to ten minute time slots for appointments to improve the patient experience.

- The practice sought to gather feedback through staff meetings, personal supervision sessions and at annual appraisal and ad-hoc opportunities.

- Staff told us they felt confident in making suggestions and that their involvement was welcomed by partners.
- 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 engaged with local pilot schemes to improve outcomes for patients in the area.

The practice had obtained external funding to provide a new role of 'Community Health Champion', with the aim of linking the practice and the community to a wide range of activities and projects. The Community Health Champion role had clear aims to address health inequalities and provide lifestyle advice to patients. There was particular emphasis to engage with traditionally 'hard to reach groups' in the community. Under the description of social prescribing the practice had engaged with a programme which enabled them to refer patients with social, emotional or practical needs to a wide range of local, non-clinical services.

Developments locally had meant links with new organisations had been created and developed over time. For example, the practice told us they maintained positive professional dialogue with the neighbouring pharmacy.

The practice provided support for staff to undertake relevant personal and professional development training.

The partners had long term development plans for the practice and were able to recognise the need for continual monitoring of external developments which may impact of the practice and its ability to maintain the delivery of good quality services to patients.