

Dr Howard and Partners

Quality Report

Pemberley Surgery,
32 Pemberley Avenue,
Bedford,
Bedfordshire
MK40 2LA

Tel: 01234 351051

Website: www.pemberleysurgery.co.uk

Date of inspection visit: 21 June 2016

Date of publication: 15/07/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Howard and Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Howard & Partners on 21 June 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided care for registered patients in 36 local residential, care and nursing homes.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvement is:

- Ensure a robust system is implemented to ensure that safety alerts are actioned appropriately by a suitably trained and competent person. Records of alerts received and action taken must be kept to demonstrate compliance.

The area where the provider should make improvement is:

Summary of findings

- Develop systems to identify and support more carers in their patient population.
- Continue to monitor recently adopted procedures for managing blank prescriptions.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- When things went wrong patients received support, an explanation of events and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- Although most risks to patients who used services were assessed, systems and processes for handling safety alerts were not robust. Whilst there was evidence that some alerts had been actioned, the practice could not demonstrate that they had taken appropriate action in response to all safety alerts received. The practice were open in sharing their own concerns with their system for managing safety alerts and took immediate action following our inspection to develop new protocols and systems for managing alerts to ensure patients were not at risk.
- There were appropriate systems in place to protect patients from the risks associated with medication and infection control.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were largely at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of patients identified as carers. They had identified 1% of their patient population as carers and recognised the need to actively encourage more carers to identify themselves so that they could be supported.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services including avoiding unplanned admissions to hospital and minor surgery.
- The practice held multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting).
- The practice ran a designated sexual health clinic weekly. Both male and female GPs were available and patients not registered with the practice were also able to attend this clinic.

Are services well-led?

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

- The practice had a clear vision to provide a safe, clean and secure environment for patients to receive high quality GP services. With consideration for ensuring patients were treated with dignity and respect.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was becoming more active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported frail elderly patients in local nursing and residential homes.
- The practice provided influenza, pneumonia and shingles vaccinations.
- All patients over the age of 75 had a named GP.
- The practice provided care for registered patients in 36 local residential, care and nursing homes.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 84%, where the CCG average was 76% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting).

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and 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 school nurses.
- Family planning and contraceptive advice was available.
- Families celebrating a new birth would receive a congratulations card from the practice.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Pre-bookable appointments were available from 7am on Tuesday mornings and on Thursday evenings until 7.30pm.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in 2014. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- The practice ran a designated sexual health clinic weekly. Both male and female GPs were available and patients not registered with the practice were also able to attend this clinic.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were 49 patients on the learning disability register, of which 28 had received a review between April 2015 and March 2016.
- Homeless patients were able to register using the practice address.
- Longer appointments were available for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held palliative care meetings in accordance with the national gold standards framework involving district nurses, GP's and the local Willen Hospice nurses.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 1% of the practice list as carers.

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).

- At the time of our inspection there were 114 patients on the dementia register, of which 95 had received annual face to face reviews, during the period April 2015 to March 2016.
- The practice supported patients with dementia and we saw that several members of staff had undergone additional training to become dementia friends.
- Performance for mental health related indicators were comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 82% where the CCG average was 87% and the national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 247 survey forms were distributed and 118 were returned. This represented a response rate of 48% (1% of the practice's patient list).

- 94% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 77% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 94% 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 80% and 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 five comment cards which were all positive about the standard of care received. Comments made referred to friendly and caring staff and patients praised the high standard of care they felt they received. Two patients commented on difficulties booking routine appointments on some occasions.

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

Dr Howard and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Howard and Partners

Dr Howard & Partners is also known as Pemberley Surgery and provides a range of primary medical services, including minor surgical procedures from its location on Pemberley Avenue on the periphery of Bedford town centre. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice serves a population of approximately 9,500 patients with higher than average populations of females aged 45 to 49 years and higher than average populations of males aged 65-69 years. There are 36 local residential, care and nursing homes with patients registered at the practice. The practice population is largely White British. National data indicates the area served is one of average deprivation in comparison to England as a whole.

The clinical team consists of one female and three male GP partners, two female salaried GPs, two GP registrars (one male, one female), one male foundation year 2 doctor (seconded from Bedford General Hospital), one nurse practitioner, four practice nurses and a health care assistant. (GP registrars are qualified doctors training to become GPs). The team is supported by a practice manager and a team of administrative staff.

The practice has recently experienced some staffing difficulties. In the eight months prior to our inspection the practice saw the departure of three out of seven GPs, due to retirement and relocation. The practice successfully recruited two new salaried GPs and is continuing its efforts to stabilise their clinical team. In addition two members of the administrative team left during the same period. Two further members of staff were on long term sick leave at the time of our inspection.

The practice operates from a three storey converted property and patient consultations and treatments take place on the ground level and first floor. There is a car park to the rear of the surgery for staff, with designated disabled parking available for patients.

Dr Howard & Partners is open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments are available from 7am on Tuesdays and on Thursday evenings until 7.30pm.

The out of hours service is provided by BEDOC (Bedfordshire Doctors On Call) and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

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.

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 21 June 2016.

During our inspection we:

- Spoke with a range of staff, including two GP partners, a GP registrar, two nurses, the practice manager and members of the administrative team.
- Spoke with patients who used the service and received feedback from a member of the patient participation group (PPG).
- Observed how staff interacted with patients.
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation of events, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw evidence that when an administrative error occurred when processing a referral, the patient received an apology and a new protocol was adopted to ensure the risk of recurrence was reduced.
- The practice maintained a log of significant events and these were discussed as a standing item on the agenda at weekly clinical meetings and bi-monthly team meetings, to ensure that lessons learnt were shared and monitored.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. Whilst preparing for our inspection the practice had recognised that their system for managing these alerts was not robust and shared their concerns with us. During the course of our inspection we found that the system for handling and recording alerts was not reliable. Whilst we saw evidence that some alerts had been received and actioned accordingly, the practice failed to demonstrate that all relevant alerts had been handled appropriately. For example, we saw that appropriate action had been taken in relation to an alert for a medicine used to control cholesterol levels. However, the practice was not able to readily demonstrate that they had reviewed and actioned some other recent safety alerts.

There was no evidence that alerts were discussed regularly at practice meetings and some staff we spoke to could not recall recent alerts issued. Immediately following our

inspection, the practice provided reassurance that they had developed a system to ensure all safety alerts were received, recorded and handled appropriately by a suitable member of the team. We were informed that the practice intended to run a historic search of all safety alerts and take necessary action to ensure patients were not at risk. The practice advised they had developed a new system for recording all actions taken in response to safety alerts received. They also informed us that they intended to discuss safety alerts as a standing item on the agenda for practice meetings.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- Notices in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice manager was the infection control lead supported by the practice nurse. They liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received

Are services safe?

up to date training. Six monthly 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, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the Bedfordshire Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were newly developed systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with posters in both the reception office and second floor staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and

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 (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment had been checked in November 2015 to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and skill 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. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absences.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, key suppliers and stakeholder organisations. We noted copies were kept off site by the GP partners and a copy of the plan was available to all staff via the practice's intranet system.

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. We saw evidence that a GP partner shared updates and changes to NICE guidelines at weekly clinical meetings.
- 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 were 95% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed other QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 84%, where the CCG average was 76% and the national average was 78%. Exception reporting for this indicator was 13% compared to a CCG average of 12% and national average of 12%. (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).

Performance for mental health related indicators was comparable to local and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 82% where the CCG average was 87% and the national average was 88%. Exception reporting for this indicator was 11% compared to a CCG average of 15% and national average of 13%.

The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 95% which was comparable to the CCG average of 91% and national average of 90%. Exception reporting for this indicator was 13% compared to a CCG average of 12% and national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an improvement in monitoring of patients who had suffered from gestational diabetes. This had been undertaken following a review of NICE guidance. The audit had identified that only nine out of 25 eligible patients had been invited for a post-delivery check to ensure they were not diabetic. Following the audit the practice reviewed its procedures to ensure that all patients were recalled as necessary.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The GPs told us that clinical audits were linked to medicines management information, clinical interest, safety alerts or as a result of QOF performance.

Effective staffing

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

- The practice had a comprehensive, role specific induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.
- 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 practice had sub divided its team and appointed team leaders to oversee each group of staff. For example, there was a team leader for the reception staff and a separate team leader for the group of secretarial and administrative staff. Team leaders took responsibility for planning training and holidays and monitoring performance of their individual teams.
- 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 in the last 12 months.
- We noted that the practice closed once a month to provide protected learning time for staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS

patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.

- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission. We saw that patients on this register and any others who had been recently admitted or discharged from hospital were discussed at weekly clinical meetings when needed. At the time of our inspection there were 216 patients on the unplanned admissions register receiving this care.
- The practice held regular multi-disciplinary team (MDT) meetings that made use of the gold standards framework (for palliative care) to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, Macmillan Hospice nurses and local support services. A list of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. At the time of our inspection 66 patients were receiving this care.
- The practice held regular safeguarding meetings, attended by GPs, the practice nurse and health visitor. Records were kept of discussions and action taken in relation to children at risk. Information from other agencies involved in safeguarding was also shared during these meetings.

Consent to care and treatment

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

- Staff received training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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.
- Written consent forms were used for specific procedures as appropriate.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The health care assistant was trained to provide smoking cessation advice to patients with the option to refer patients to local support groups if preferred.
- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- All patients over 75 had a named GP.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and 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. Data published in March 2015 showed that:

- 62% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 60% and the national average was 58%.
- 79% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and the national average was 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 93% to 99%.

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. At the time of our inspection for the period January 2010 to May 2016 the practice had completed 968 of 2,804 (35%) eligible health checks for people aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Families celebrating a new birth would receive a congratulations card from the practice.
- The practice held an array of leaflets and information booklets which were available in a discreet area separated from the main waiting room. This enabled patients to browse and collect information on sensitive topics in relative privacy.

All of the five 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.

We received feedback from 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 published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 98% 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%.
- 95% 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 national average of 85%.
- 95% 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 national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in different languages and in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients as carers (1% of the practice list). The practice was making

efforts to identify more carers. They had a designated carer's board corner in the waiting room with written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services including avoiding unplanned admissions to hospital and minor surgery. The practice held multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

There were registers for patients with dementia and those with a learning disability. These patients were also invited for an annual review. At the time of our inspection there were 49 patients on the learning disability register, of which 28 had received a review between April 2015 and March 2016. There were 114 patients on the dementia register, of which 95 had received annual face to face reviews, during the same period. The practice carried out memory assessments for patients at risk of dementia. These patients were also able to book longer appointments if needed.

- The practice offered extended hours appointments with GPs and nurses on Tuesday mornings between 7am and 8am and on Thursday evenings until 7.30pm for working patients and those 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.
- In an effort to improve access to appointments the practice had employed a nurse practitioner. The nurse practitioner held a minor illness clinic four days each week, supported by a duty doctor.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as all but one available privately. Patients were referred to other clinics for the remaining yellow fever vaccine if required.
- Homeless patients were able to register using the practice address.

- There were disabled facilities, a hearing loop and translation services available.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in 2014. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice supported frail elderly patients in local nursing and residential homes.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting).
- The practice participated in health promotion programmes aimed at reducing sexual health risks including contraception and screening for sexually transmitted diseases, such as Chlamydia. The practice ran a designated sexual health clinic weekly. Both male and female GPs were available and patients not registered with the practice were also able to attend this clinic. The practice utilised a separate computer system and pathology pathway for these patients to ensure privacy was protected.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments were available from 7am on Tuesdays and on Thursday evenings until 7.30pm. The out of hours service was provided by BEDOC (Bedfordshire Doctors On Call) and could be accessed via the NHS 111 service.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. On the day of inspection we saw that urgent appointments were available that same day. The next routine pre-bookable appointment was available the following Monday. Nurse's clinics were also run daily by practice nurses. We found the appointment system was structured to allow GPs time to make home visits where needed and ensure that all urgent cases were seen the same day. Appointments could be made in person, via telephone or online.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.

Are services responsive to people's needs?

(for example, to feedback?)

- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, although two patients commented that access had become more difficult since the departure of three GP partners.

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.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- 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 on the practice website, in the practice leaflet and in the reception area.

We looked at 14 complaints received in the last 12 months and found they had been dealt with in an open and timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that when the contact details for a child had been incorrectly amended, the practice were quick to investigate before providing an explanation to the parents that the change had been made at the hospital. The practice amended their protocol to ensure that a computer alert would inform third party organisations of patients whose parents have shared parental responsibility.

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 provide a safe, clean and secure environment for patients to receive high quality GP services. With consideration for ensuring patients were treated with dignity and respect. Staff we spoke with understood these aims and demonstrated their commitment to achieve them.

Whilst the practice did not have a formal business plan, GP partners and managers were able to discuss the plans for the future and we saw evidence of partners meetings that were held, incorporating discussions around future planning. We saw evidence of future planning as the practice recognised that it had outgrown its premises and was in discussions with local stakeholders to secure more suitable accommodation. We were told of plans and discussions with two other local practices to combine resources and improve health services available to the local population once new premises were secured.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the computer system. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However systems for managing safety alerts and actions taken in response to them were not robust.

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. They told us they prioritised safe, high quality and compassionate care. 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 patients support, an explanation of events and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence of regular formal communications between the practice team.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was

Are services well-led?

Good 

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

newly formed, however we were told of proposals for improvements made to the practice management team. For example, the PPG had encouraged the practice to provide early morning appointments on Tuesdays and evenings appointments on Thursdays. The practice had also amended clinic times to times more suitable for parents, in response to their patient survey.

- The practice had gathered feedback from 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was a training practice and had maintained high standards for training and supporting its students.

The practice had recognised existing challenges and potential future threats to its financial security and ability to continue providing services. The practice was part of a federation known as Horizon Health. (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). Through collaborative working with other practices in the federation the practice hoped to secure its future.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was unable to demonstrate compliance with all relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).</p> <p>In particular we found that the system for handling and recording alerts was not reliable. Whilst we saw evidence that some alerts had been received and actioned accordingly, the practice failed to demonstrate that all relevant alerts had been handled appropriately.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>