

Larkside Practice

Quality Report

Churchfield Medical Centre
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Luton
Bedfordshire
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Larkside Practice on 24 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were happy with the care they received and thought staff were friendly, helpful and caring. Patients commented that they felt they had enough time with the GPs and they were involved in their care and treatment options.
- Information about services and how to complain was available and easy to understand.

- Patients said there was sometimes a delay in making an appointment with a GP of choice but urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice provided services to homeless and hard to reach people by working, once a week, with a Luton based charity called New Opportunities And Horizons (NOAH) that offered support to people struggling against homelessness and exclusion. They saw patients living rough on the street that needed to see a GP and who may need referral to secondary care.

The areas where the provider should make improvement are:

- Carry out regular fire drills.

Summary of findings

- Keep documentation of the monthly checks of the oxygen cylinders.
- Display notices in the practice to advise chaperones are available.
- Continue to monitor patient feedback regarding access to services.

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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Staff had received training appropriate to their role and relevant pre-employment checks had been completed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been completed to identify recommendations for improvements to care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- 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

Good



Summary of findings

during consultations to make an informed decision about the choice of treatment available to them. 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.
- There was a carers noticeboard with information available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Pre-bookable appointments were available up to two weeks in advance with urgent appointments available on 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.
- In response to national patient survey results, the practice had updated their appointment system and changed to a new telephone system.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular 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

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about 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 was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Annual health checks were available for patients over the age of 75 years.
- The practice worked with the multi-disciplinary team to ensure elderly patients who were housebound had regular contact with a health care professional.

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 above the CCG and national average. The practice achieved 94% of available points compared to the CCG average of 85% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable with others in the local area for all standard childhood immunisations.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 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 and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Early morning and evening appointments were available on Mondays.
- Telephone consultations were available.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided services to homeless and hard to reach people by working, once a week, with a Luton based charity called New Opportunities And Horizons (NOAH) that offered

Good



Summary of findings

support to people struggling against homelessness and exclusion. They saw patients living rough on the street that needed to see a GP and who may need referral to secondary care.

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).

- 100% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average/ worse than the national average.
- Performance for mental health related indicators was comparable to the CCG and national average. The practice achieved 95% of available points, compared to the CCG average of 91% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing below the local and national averages. There were 308 survey forms distributed and 115 were returned. This represented 2% of the practice's patient list.

- 46% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 74% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 72% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).
- 66% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Two of the cards contained additional comments regarding the appointment system and sometimes having difficulty making a routine appointment. Staff were described as good and helpful and patients said they felt well looked after. Comments were made saying patients were treated with dignity and respect.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were friendly, helpful and caring. Patients commented that they felt they had enough time with the GPs and they were involved in their care and treatment options.

Larkside Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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Background to Larkside Practice

Larkside Practice provides a range of primary medical services to the residents of Luton. The practice was established in the 1930s and has been at its current purpose built location of Churchfield Medical Centre, 322 Crawley Green Road, Luton, LU2 9SB since 2006.

The practice population is ethnically diverse and covers all ages with a slightly higher than average number of patients aged 0-19 years and 30-54 years. National data indicates the area is one of mid deprivation. The practice has approximately 6700 patients with services provided under a general medical services (GMS) contract, a nationally agreed contract.

There are three GP partners, two male and one female. The nursing team consists of an advanced prescribing nurse, two practice nurses and a health care assistant, all female. There are also a number of reception and administrative staff led by a practice manager and deputy practice manager.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours from 7am to 8am and 6.30pm to 7.30pm on Mondays.

When the practice is closed out of hours services are provided by Care UK and can be accessed via the NHS 111 service.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, 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 24 March 2016. During our visit we:

- Spoke with a range of staff including GPs, the advanced nurse practitioner, a practice nurse, practice manager, administration and reception staff.
- Spoke with patients who used the service.
- Observed how staff interacted with patients and their family members.

- 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.

- 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 reasonable support, an explanation, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- Clinical meetings were held monthly that were attended by the GPs and the nursing staff to discuss any recent events.
- The practice carried out a thorough analysis of the significant events and lessons learnt were shared with staff in the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Alerts were received into the practice by the advanced nurse practitioner who identified any actions and disseminated the information to the appropriate staff. We saw records were kept of all alerts and staff members signed to say they had read them. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a review was made of the procedures followed by the reception staff, when patients requested an urgent appointment. This followed an incident where a patient called 999 to request an ambulance as no appointments were available when requested.

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. One of the GPs was the 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 for child safeguarding, level 3 and the nursing staff were trained to level 2.
- Chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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). There were no notices in the practice advising patients that they could request a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager and the advanced nurse practitioner were the infection control leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local 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 systems in place to monitor their use.

Are services safe?

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role and attended regular nurse prescribing updates with the CCG. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and but had not carried out regular fire drills. All electrical equipment had been checked in February 2016 to ensure the equipment was safe to use and clinical equipment was checked in July 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The deputy practice manager was responsible 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 that enough staff were on duty. There were agreements with the staff that only a limited number from each staff group were allowed leave at one time. There was a buddy system in operation among the GPs to cover each other's workload when away from the practice.

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 oxygen with adult and children's masks. One of the practice nurses checked the oxygen monthly to ensure it was fit for use but there was no documented record of these checks. They had an arrangement with the neighbouring practice, that shared the same premises, to use their defibrillator if needed. The neighbouring practice took responsibility for maintaining the defibrillator. 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. The practice manager held a copy of the plan off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Local clinical commissioning group (CCG) guidelines and treatment templates were also available to staff on the practice computer system.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 97% of the total number of points available.

The advanced nurse practitioner monitored the practice's performance and provided feedback to the GPs and nursing staff at clinical meetings. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average. The practice achieved 94% of available points compared to the CCG average of 85% and the national average of 89%.
- Performance for hypertension related indicators was comparable to the CCG and national average. The practice achieved 100% of available points, with 6% exception reporting compared to the CCG average of 97% and the national average of 98%.

- Performance for mental health related indicators was comparable to the CCG and national average. The practice achieved 95% of available points, compared to the CCG average of 91% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits undertaken in the last year. Recommendations for improvements had been identified but a 2nd cycle repeat audit had not been completed for any of them to demonstrate that improvements had been implemented. We saw that the practice was in the process of completing two further audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included the booking procedures for minor surgery were streamlined and a new in-house referral form was designed to improve and enhance the administration of the clinic booking system.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff with an induction checklist to be completed. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff had had an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice worked with the multi-disciplinary team to ensure elderly patients who were housebound had regular contact with a health professional.

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 practice nurse described how they used pictures to explain procedures to patients with learning disabilities to ensure they understood the process.
- The process for seeking consent was monitored through audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Live Well Luton; a service to help people stop smoking, lose weight, become more active or manage their alcohol consumption attended the practice twice a week to see referred patients.
- The practice hosted weekly visits by a Mental Health Worker, Talking Therapies Counsellor and a Cognitive Behavioural Therapist for patients who were referred for mental health care, to be seen in a familiar environment.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 82%.

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

- 73% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
- 57% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 51% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

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

immunisation rates for the vaccinations given to under two year olds ranged from 81% to 97% and five year olds from 84% to 96%. The CCG averages were from 90% to 96% and 83% to 96% respectively.

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

NHS health checks for people aged 40–74 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.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an efficient, professional and caring service and staff were described as polite and helpful. Patients commented that they were treated with dignity and respect.

Patients we spoke with on the day of the inspection also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also commented that the staff were helpful.

Results from the national GP patient survey published on 7 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 in most areas. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 81%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).

- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 82% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%)

We were informed that translation services were available for patients who did not have English as a first language. There was a notice, in different languages, in the patient waiting area that informed patients of this service.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, Macmillan Cancer Support and the Alzheimer's Society.

The practice encouraged patients who were carers to complete a carer's identification form. This was then added to the practice's computer system and alerted GPs if a patient was also a carer. The practice had identified 84

Are services caring?

patients registered as carers, caring for a friend or relative, which was 1.2% of the practice list. There was a carer's noticeboard with information available to direct carers to the various avenues of support available to them. Carers were referred for a carer's assessment to ensure they received support as required.

The practice informed us that when they were notified that a patient had died their usual GP contacted the relatives and arranged a visit, if required to meet the family's needs and give 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 Luton Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours on Mondays from 7am to 8am and 6.30pm to 7.30pm. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided services to homeless and hard to reach people by working, once a week, with a Luton based charity called New Opportunities And Horizons (NOAH) that offered support to people struggling against homelessness and exclusion. They saw patients living rough on the street that needed to see a GP and who may need referral to secondary care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments times were available outside of school hours for children.
- Telephone triage appointments were available daily with the duty GP or advanced nurse practitioner.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities including wide automatic doors at the entrance to the practice and an access enabled toilet.
- All consulting and treatment rooms were on the ground floor. The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs.
- A hearing loop and translation services were available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12pm and 3pm to 6pm daily. Extended surgery hours were offered from

7am to 8am and 6.30pm to 7.30pm daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 46% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 29% patients said they always or almost always see or speak to the GP they prefer (CCG average 46%, national average 59%).

In response to the survey results, the practice had updated their appointment system which allowed pre-bookable appointments to be released at staggered intervals throughout the day. They had also changed to a new telephone system with improved call management functions which alerted the practice if patients if calls were waiting. This allowed the practice to increase the number of staff answering the telephone when needed.

People told us on the day of the inspection that they were able to get appointments when they needed them but there was sometimes a delay to see a GP of choice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice. One of the GP partners was the clinical lead for managing complaints.
- We saw that information was available to help patients understand the complaints system. For example, there were leaflets at the reception desk and information on the practice website.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled and

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

dealt with in a timely way. We noted there was openness and transparency when dealing with complaints. Lessons were learnt from concerns and complaints and action was

taken to as a result to improve the quality of care. For example, the practice had plans in place to encourage patients to use the online services to help reduce telephone calls into the practice.

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. Staff were aware of the vision and the values of the practice.

They had outlined their objectives in their statement of purpose and they included that they were dedicated to working together with their patients and they provided a safe, clean, respectful and comfortable place for their patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained through the monitoring of the quality and outcomes framework (QOF).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Although the practice had not completed any second cycle audits.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice was led by the GP partners with the support of the practice manager and the deputy practice manager. 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. Staff told us the partners and the practice managers were approachable and always took the time to listen to all members of staff.

- The practice demonstrated through their significant events and complaints management that they were

aware of and complied 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).

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, an explanation and a verbal and written apology

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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. The practice asked for positive feedback regarding individual staff members on the practice website and used this information for a quarterly recognition award for staff members.

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. There had a small PPG which met regularly. The practice was working with the CCG to optimize the benefits of the group.
- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- There was a comments box in the waiting area for patients to leave their feedback.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they felt able

Are services well-led?

Good 

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

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 planning to become an accredited training practice. Two of the partners had completed their training to become trainers. The advanced nurse practitioner had recently completed a management training course.