

Kingsbury Court Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsbury Court Surgery on 29 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 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 worked closely with the patient participation group (PPG) to support patients suffering from dementia and their carers.
- 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,

Summary of findings

- The practice held an obesity register and referred patients on this register to the 'Let's Get Moving' programme. Of the 900 patients on the register, 300 had responded and approximately 100 patients were referred to the service. Referred patients were seen by an exercise professional to discuss exercise, nutrition and behaviour.

The practice should continue to make improvements in the following area:

- Continue to ensure that processes in relation to significant events and are documented, discussed and monitored to ensure action is taken and lessons are learnt and shared.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support an explanation of the 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.
- Risks to patients were assessed and well managed.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- There were appropriate systems in place to protect patients from the risks associated with medicines management 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 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.
- The practice employed a nurse to summarise patient records.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- 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).

Summary of findings

- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer. Patients who failed to attend cervical screening appointments received a letter from the practice encouraging them to take up their invitation.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey 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 worked closely with the patient participation group (PPG) to support patients suffering from dementia and their carers.
- The practice held a register of patients identified as carers.

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 Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- 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.
- 88% of patients said they could get through easily to the practice by phone above the national average of 73%.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 was active.
- There was a strong focus on continuous learning and improvement at all levels and a number of staff had undertaken training in specific areas.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered an assessment of patients' health and wellbeing. These checks could be carried out by the practice nurse in the surgery or at the home if the patient was unable to come to the practice.
- Regular ward rounds were carried out at two nursing homes within the practice area. The lead GP had developed good communication channels with these homes and improved systems which had reduced unplanned hospital admissions amongst this group of patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management for example, diabetes care, chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD) and patients at risk of hospital admission were identified as a priority.
- 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 76% compared to the CCG average of 76% and the national average of 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 the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- 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 percentage of women aged 25-64 years whose notes record that a cervical screening test has been performed in the preceding five years was 77% compared to the CCG average of 83% and the national average of 82%.
- Walk in clinics for child health development were held every Thursday afternoon, enabling parents to see a GP between 1.30pm and 3.30pm without the need for a pre-booked appointment. The practice offered a flexible appointment system for patients unable to attend designated immunisations clinics to ensure children received appropriate vaccinations.
- 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. The health visitor clinic had recently moved to a nearby location but we were told that communications had been maintained and that the health visitor attended the monthly practice primary healthcare team meeting.
- Contraceptive care was provided by the GPs and the practice nurses provided advice in family planning.
- The practice offered chlamydia screening to all patients aged 16 – 24 years of age and packs were available in patient toilets.
- One of the GPs had a specialist interest in paediatric allergies. All children with possible allergies were referred to the GP who then undertook the management of their care. This GP, in collaboration with Bedfordshire Clinical Commissioning Group (BCCG) was in the process of setting up a designated paediatric allergy service for the locality.

Summary of findings

Working age people (including those recently retired and students)

Good



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. For example, the practice had worked with an organisation aiming to tackle obesity through a 'Let's Get Moving' initiative. Referred patients were seen by an exercise professional to discuss exercise, nutrition and behaviour.
- The practice had also been involved in developing the local 'LifeStyle Hub' in collaboration with Bedford Hospital Dietetic Department. The practice manager had been involved in setting up this new initiative as a project in 2015. This has now been rolled over for a further year from April 2016 to March 2017.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in 2015. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice holds regular minor surgery sessions, these were run by two GPs.

People whose circumstances may make them vulnerable

Good



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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 95 patients as carers (1.3% of the practice list).

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).

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national averages of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the CCG average of 87% and the national average of 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 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.
- The practice patient participation group (PPG) had prioritised dementia and had supported the practice to develop a clinic for patients and their carers.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 257 survey forms distributed 110 were returned. This represented 43% response rate and 1.3% of the practice's total patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received four comment cards which were all positive about the standard of care received. Comments received stated that patients were able to see the GP of their choice and one card commented on good multi-disciplinary care from GPs, midwives and health visitors.

We spoke with four patients during the inspection. The patients we spoke to said that they were satisfied with the care they received. Two patients commented that they had to wait a long time to be seen but told us that once they were in their consultation they were given adequate time to discuss their concerns and did not feel rushed.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from January 2016 to April 2016 showed that 90% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to ensure that processes in relation to significant events and are documented, discussed and monitored to ensure action is taken and lessons are learnt and shared.

Outstanding practice

- The practice held an obesity register and referred patients on this register to the 'Let's Get Moving' programme. Of the 900 patients on the register, 300

had responded and approximately 100 patients were referred to the service. Referred patients were seen by an exercise professional to discuss exercise, nutrition and behaviour.

Kingsbury Court Surgery

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 Kingsbury Court Surgery

Kingsbury Court Surgery delivers primary care services from premises in Church Street, Dunstable to approximately 8,000 patients. The building was purpose built in 1990 close to the town centre. The practice provides services to the areas of Dunstable, Totternhoe, Church End, Whipsnade, Kensworth, Markyate, Studham, Eaton Bray, Edlesborough and Houghton Regis.

The practice population has a lower than average number of patients between the ages of 15 to 29 years and higher than average population of those aged 60 to 85 years and over. National data indicates that the area is not one that experiences high levels of deprivation.

The team consists of three GP partners; two male and one female and two female salaried GP's. The practice employs two female nurses and a health care assistant. The administrative team supporting the clinicians is led by a practice manager. It consists of two IT managers, a nurse employed to summarise notes, two medical secretaries and a reception team leader who manages the additional administrative and reception staff.

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 is open between 8am and 6.30pm Monday to Friday with appointments available from 8.30am to 12.30pm, and from 2pm until 6.10pm. The practice does not offer any extended hours appointments. A duty doctor is available for emergency appointments.

When the surgery is closed, patients are directed to the out of hours service which is provided by Care UK. Patients can also receive medical advice by telephoning One Call on 111. Patients can also attend a "Walk-in-Centre" if preferred at 16-18 Chapel Street, Luton.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 29 March 2016. During our inspection we:

Detailed findings

- Spoke with a range of staff including two GPs, two nurses, the practice manager and a range of support staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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).

The practice had recognised that there was a need to document significant events in a more robust way and ensure that they were discussed at clinical meetings. They had developed new processes which provided staff with access to up to date guidance. A recording form had also been downloaded onto the practice intranet for all staff to access. The practice had identified that they had previously failed to allocate sufficient time during practice meetings to discuss significant events and that discussions had been informal. We saw that changes to the management of meetings had been made to improve this, ensuring that more formal records were kept. On the day of inspection we saw that the new system demonstrated improvements. Staff told us that they felt the new system had improved their understanding of significant events and their responsibilities in relation to them.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. This information was shared with staff.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency), patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. Alerts were distributed to all staff before being discussed at the next meeting. For example, an alert was received relating to risks associated from failure to prioritise home visits in general practice. A copy of the alert was distributed to staff and discussed in detail. In this

instance there were no changes required but if there had been the practice told us that an electronic notification would have been sent to the whole team to ensure everyone was clear on changes to protocol.

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.

- 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 what action to take if they had concerns. For example, we saw that when a concern was raised regarding a child, appropriate practice staff were informed and they alerted relevant agencies to ensure the child was not at risk. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- There were notices in the waiting area which advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and clinical staff 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). There was a risk assessment in place for the five administration staff who were also trained and acted as chaperones but who had not had a DBS check. When a chaperone was used it was documented in the patient record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The Lead GP was the infection control clinical lead who liaised with the practice manager and local infection prevention teams to keep up to date with best practice. There was an infection

Are services safe?

control protocol in place and staff had received up to date training. Annual infection control audits were undertaken in conjunction with the practices' clinical waste provider. We saw evidence that action was taken to address any improvements identified as a result. For example, the action plan identified that all staff should undertake hazardous waste training and this was provided.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They 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. The health care assistant (HCA) was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three 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 carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, this was overseen by the practice manager.

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 rooms.
- 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.
- As the practice had treatment and consulting rooms on the ground and first floors they had undertaken a risk assessment to identify the most accessible location for emergency equipment. Following the risk assessment the emergency medicines were easily accessible to staff in a secure area of the practice, on the ground floor 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 and a hard copy was held 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available. Overall comparable to CCG and national averages.

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

- Performance for diabetes related indicators was similar 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 76% compared to the CCG average of 76% and the national average of 78%. Exception reporting for this indicator was 4% 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 similar to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the

record, in the preceding 12 months was 90%, compared to the CCG average of 87% and the national average of 84%. Exception reporting for this indicator was 9% compared to a CCG average of 15% and national average of 13%.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 83% of available points compared to the CCG and national averages of 84%. Exception reporting for this indicator was 4% compared to a CCG and national averages of 4%.
- Performance for dementia related indicators was similar to the CCG and national average. The practice achieved 84% of available points compared to the CCG and the national averages of 84%. Exception reporting was 4% compared to a CCG and national averages of 8%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, of these three 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 patients who had been prescribed antipsychotic medicines either by their GP or consultant, were identified and reviewed every three months. During the review an assessment was undertaken to establish if it was appropriate to reduce the medication or prescribe an alternative.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as:

- The practice had a GP lead for managing the Avoiding Unplanned Admissions Enhanced Service. The GP undertook ward rounds at local care homes to monitor patients and provide advice and assurance to care home staff. We were told that this regular contact ensured a high level of communication between the services which in turn improved outcomes for patients and had successfully reduced unplanned hospital admissions for these patients.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses had received specific training to enable them to review patients with long term conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- All staff were trained to use the new clinical computer system and a trainer continued to attend the practice once a month to support staff, provide regular updates and to identify and solve and technical issues.
- All practice staff, both clinical and non clinical, regularly attended the Practice Learning Zone (PLZ) sessions that were supported by Bedfordshire Clinical Commissioning Group (BCCG). These were monthly afternoon sessions where the practice is closed for training supported by the out of hours services to provide medical services to patients. The sessions alternated monthly between internal and external training. The external sessions were organised by BCCG with training including safe guarding, fire safety awareness, basic life support and information governance, female genital mutilation and long term conditions. Internal training sessions were

organised by the practice and included action planning, audits, dementia and end of life care. These internal sessions were also used to give staff the opportunity to undertake e - learning modules and on- line training.

- Reception staff received regular training in customer care during protected learning time
- There was a robust process to record all training for clinical and non - clinical staff, including review dates.

Coordinating patient care and information sharing

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

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

The practice participated in the End of Life Enhanced Service and reviewed deaths that had occurred each month. The GPs reviewed each patient record to ascertain any areas for improvement and also any evidence of good practice to improve future care planning.

As part of the Avoiding Unplanned Admissions Enhanced Service the practice held a monthly meeting with the district nursing team and the MacMillan nurses to discuss care plans. Patient notes were updated during the meeting to reflect discussions accordingly.

The practice had 83 patients on the dementia register and the lead GP with responsibilities for elderly, frail patients and those with dementia, held regular ward rounds at local care homes. He also maintained contact with all the care homes via email. The use of this technology enabled the practice to ensure that the care homes had up to date care plans for their patients available as far as possible. We received feedback from one of the care homes that the efforts made by the practice GP had helped to support staff and had reduced unplanned admissions to hospital.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Are services effective?

(for example, treatment is effective)

Community healthcare staff were attached to the practice, including district nurses, health visitors and midwives. The midwife attached to the practice shared the antenatal care of patients with the GP and provided a weekly clinic at the practice.

Consent to care and treatment

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

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

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 were signposted to the relevant service. Smoking cessation advice was also available from the healthcare assistant.
- The practice held an obesity register and we were told that these patients were contacted to invite them to the 'Let's Get Moving' programme. Of the 900 patients on the register, 300 had responded and approximately 100 patients were referred to the service. Referred patients were seen by an exercise professional to discuss exercise, nutrition and behaviour.
- Nurses provided regular clinics for wound care and minor illnesses treatment, ear syringing and travel vaccinations. The health care assistant provided blood pressure, pulse and urine checks, 24 hour blood pressure monitoring service, breathing tests including peak flow and spirometry and was also trained as a smoking cessation advisor.

- The practice had developed information packs for patients with long term conditions to provide support information such as leaflets and enable clinicians to retrieve referral forms with ease.
- We were told that members of the Patient Participation Group (PPG) were planning to train as 'Dementia Friends', to provide additional support to patients suffering from dementia.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice aimed to improve its administrative processes for cervical screening and we were told of plans for practice staff to attend additional training to support this aim. We were also told that some improvements had already been undertaken with the support of the health care assistant. The practice had developed a new, updated protocol to try to improve record keeping by having regular meetings to establish where there were problems relating to screening uptake. It was also noted that the changing ethnicity of patients as some faiths prohibit this type of screening.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

- 58% 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%.
- 78% 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%.

Are services effective?

(for example, treatment is effective)

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 94% to 100% and five year olds from 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

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 four patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). The PPG was established in 2011 and worked well with the practice. The group consisted of approximately 25 members and there was a wider virtual group. Meetings were held four times a year and notifications of meetings, agendas and minutes were available on the practice website.

We were told that the group had helped to develop and action the practice's patient survey. For example, by recommending increasing the advanced booking of appointments from six to eight weeks. A member of the PPG also represented the group on the local patient participation network.

We spoke to four patients who told us that they found it easy to get through on the telephone. Patients we spoke to 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. We observed an example of this on the day of the inspection where a receptionist helped a patient's relative who was experiencing difficulty collecting prescriptions.

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:

- 91% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% 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%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 84% 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 saw that care plans were personalised.

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

- 86% 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%.

Are services caring?

- 79% 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 the national average of 82%.
- 88% 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 the 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. We saw notices in the reception areas informing patients this service was available.
- The practice had developed an information pack for Polish patients with information on how to access primary care, out of hours care and how to use emergency services.
- Information leaflets were available in easy read format.
- We saw evidence of how the reception staff assisted patients with specific needs, for example, by providing telephone reminders for appointments and by using private areas to discuss confidential matters.

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 95 patients as carers (1.3% of the practice list). All clinicians checked for carers of patients who were on the end of life register, or avoiding unplanned admissions register plus those who were particularly unwell with Chronic Obstructive Pulmonary Disease (COPD). In addition, the lead GP identified carers of patients with learning disabilities. Carers were invited to attend the practice during the flu season and written information was available in the practice encouraging them to have the flu vaccination. The practice had a folder which was produced by the local carers association and contained information leaflets about resources available in the local area. A member of staff had become a carers champion and all staff were informed of the support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them or 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 (BCCG) to secure improvements to services where these were identified.

- The practice offered telephone consultations for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- There was an alert on the patients record to notify staff if it had been identified that a patient would require longer appointment times.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had considered installing a lift to improve access, however following discussions with the PPG and taking into consideration the loss of clinical space that would result the practice had discounted this. The practice receptionists ensured that patients with restricted mobility were seen on the ground floor.
- The practice had identified that carers and those living with dementia would benefit from additional support and provided a dedicated monthly clinic for this group.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm, and from 2pm until 6.10pm. Telephone consultations and home visits were available every day. The practice had surveyed patients to establish whether there was a demand for the

provision of extended hours appointments but found that it was not required. People told us on the day of the inspection that they were able to get appointments when they needed them.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. When the surgery is closed, patients are directed to the out of hours service which is provided by Care UK. Patients can also receive medical advice by telephoning One Call on 111. Patients can also attend a 'Walk-in-Centre' if preferred at 16-18 Chapel Street, Luton.

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.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

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 asked to telephone before 10.30 am if they required a home visit the same day and were advised that home visits were intended for those patients who were housebound or too ill to attend the practice. Patients were encouraged to try and attend the surgery whenever possible. The reception staff documented home visits on the clinical system and in a hand written diary so that the GPs were aware of any adjustments needed. All emergency visits undertaken after 12.30pm until 8am the following morning were dealt with by the duty doctor or the out of hours service.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- 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 there was information available in the waiting area and on the practice website.

We looked at 14 complaints received in the last 12 months and found that all complaints had been satisfactorily handled, dealt with in a timely way and with openness and transparency. Complaints were discussed at practice meetings and lessons were learnt from individual concerns and complaints. Following an analysis of complaints action was taken to improve the quality of care. For

example, the practice had received a complaint regarding the electronic prescribing service and a prescription not being received at the designated pharmacy. The practice investigated and found that additional training was required which was then organised to ensure the risk or recurrence was reduced. We saw that following the receipt of negative feedback from a patient with dementia additional training was provided to all reception staff to enable them to recognise the symptoms of dementia and adjust their support accordingly. The practice also spoke with the Patient Participation Group and had a talk given from the 'Dementia Friends' to enable the practice to look at ways that they could improve their environment for patients with dementia and their carers.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us 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 people reasonable support, 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. 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 an active patient participation group (PPG) which had been established in 2011. The PPG had encouraged the practice to develop improved mechanisms for supporting patients with dementia and their carers. As a result the practice had set up a monthly clinic run by trained professionals from the Alzheimer's Society help and support patients and their carers.

The PPG had also worked with the practice to improve the Electronic Prescribing Service (EPS) by reporting problems to the practice manager. The practice had worked with the CCG to solve the problems and make the system run smoothly and efficiently.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us of an example where they had alerted the

Are services well-led?

Good 

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

management team when registering a new patient and steps were taken and a plan put in place to manage any difficult situation that may have arisen. 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. We viewed the practice team to be forward thinking. We saw that where possible they used up to date computer technology to streamline systems and processes, improving outcomes for patients. For example, the practice used voice recognition software via its dictation system to assist the prioritization of letters. Monthly reports were run to ensure that all referrals had been made and the practice told us

that they intended to use these to look at referral patterns in the future. Staff received regular computer system training to ensure they made the best use of the clinical system.

The practice employed a nurse to summarise patient records. This ensured that all records were checked by someone with clinical knowledge who could recognise any areas of concern and ensure they were reviewed by a GP.

The practice demonstrated that it was keen to develop staff and worked with Government funded training schemes to support staff to achieve additional qualifications within their place of work. For example, we saw that one of the administration staff was completing a Business Administration Level 2 qualification. Some staff were also undertaking a customer care qualification and told us they were well supported to achieve their career goals.