

Sunnyhill Healthcare C.I.C (known as Arlesey Medical Centre)

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Sunnyhill Healthcare C.I.C (known as Arlesey Medical Centre)	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sunnyhill Healthcare C.I.C on 26/10/2016. 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 were aware of their responsibilities in helping to safeguard and protect patients and had undertaken specific training appropriate to their role, to support this.
- 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.
- They worked well with multidisciplinary teams, including community and social services to plan and implement care for their patients.
- Results from the National Patient Survey showed the practice performed above the local CCG and national averages.
- Exception reporting for the practice was below the local and national averages.
- 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.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- 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 offered extended hours appointments.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice hosted a number of community services which enabled patients to access services nearer home.
- 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.

There was one area where the practice should make improvements:

- Ensure clinical audit processes effectively assess, monitor and improve the quality and safety of 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.

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 support 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, including those related to fire safety and health and safety.
- Emergency equipment and medicines were available.
- 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 key contractors. Copies were kept off site by lead staff.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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.
- Exception reporting was overall below the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although only a small number had been carried out.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 81%.
- Vulnerable patients, patients considered to be at risk and those on the palliative care register were prioritised through a notification on the clinical system.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care. The practice was largely above average for its satisfaction scores on consultations with GPs and nurses. For example,
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 98% and compared to the national average of 97%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and compared to the national average of 85%
- Information for patients about the services available was easy to understand and accessible both in the waiting areas and on the practice website..
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that receptionists were friendly and helpful.
- The practice had identified 41 patients as carers (approximately 1% of the practice list)

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice reviewed the needs of its local population and engaged with the NHS England and the Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and pre dementia diagnosis.
- 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.
- 90% of patients found it easy to get through to this practice by phone above the CCG average of 76% and compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried above the CCG average of 77% and compared to the national average of 76%.
- 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.
- The healthcare assistant offered an in house phlebotomy service.
- There were disabled facilities, a hearing loop and translation services available.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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. This was monitored and reviewed by the Board of the community Interest Company (CIC).

Good



Summary of findings

- 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.
- 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.
- 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 manager was responsible for management of notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established, active and members sat on the CIC Board.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register of housebound patients and those living in care homes. Nurses provided enhanced, proactive care for these patients, and for all older patients who had long term medical conditions through regular reviews performed at home. Other services such as provision of flu vaccinations and domiciliary phlebotomy were also available.
- The practice ran a drop in phlebotomy twice each week for patients who could visit the practice but were unable to attend the local hospital.
- The practice had an arrangement with a local pharmacy to provide a home delivery for housebound patients and arranged for multi-compartment medicine compliance aids to be provided to patients who would benefit from this.

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 and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 66%, comparable to the CCG average and national averages of 78%. The practice had reviewed this and recent data we looked at showed an increase.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 98% which was comparable to the CCG and national averages of 90%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.
- The practice utilised a recall system to invite patients by letters, email, and SMS text messages as appropriate for their regular checks.

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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Appointments were available outside of school hours and the premises were suitable for children and babies, including space for pushchairs/ prams and baby changing facilities.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The community midwife held a weekly clinic at the practice.

Good



Working age people (including those recently retired and students)

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

- The needs of 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.

Good



Summary of findings

- 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.
- University students could be seen as temporary residents outside term time.
- The practice offered flu vaccinations on Saturdays for patients unable to access this service during the normal working week.
- The practice provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments or home visits 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a carers register and had identified 41 patients who had caring responsibilities (approximately 1% of the practice list)
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 20 patients on the learning disability register, most of which lived in a local care home. Six had received a review in the last 12 months and a further eight were booked in before March 2017.
- 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 support groups and voluntary organisations. For example, patients who required additional support with drug and alcohol addictions were referred to the Pathway 2 recovery service.

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.

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).

Performance for mental health related indicators were above the local and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% where the Bedfordshire Clinical Commissioning Group (CCG) and national averages were 89%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96% where the CCG average was 86% and the national average was 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice looked after 50 patients in a local care home, who were predominantly suffering from dementia. Ward rounds and reviews of care plans were carried out weekly by the GP and nursing staff. If required the GP would visit on an ad hoc basis.
- 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.
- A primary care mental health link worker and cognitive behavioural therapist held weekly clinics at the practice.
- The healthcare assistant provided a weekly smoking cessation clinic.
- 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 were published in July 2016. The results showed the practice was performing above or in line with local and national averages. 255 survey forms were distributed and 100 were returned. This represented a response rate of 39% (approximately 2.4% of the practice's patient list).

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Comments included how helpful and friendly the receptionists were and that the practice manager was always available.

We spoke with three patients during the inspection. Patients said they felt the practice offered an excellent service and staff were polite, caring and treated them with dignity and respect. They felt listened to and involved in their care.

The practice also sought patient feedback by utilising the NHS Friends and Family test (FFT). (The NHS Friends and Family test is an opportunity for patients to provide feedback on the services that provide their care and treatment). Results from April 2016 to October 2016 showed that 89% (24 of the 27 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Patients said they felt the practice offered a good and staff were helpful, caring and treated them with dignity and respect. In particular patients commented on the welcoming approach of staff and their caring nature. Patients said that GPs took time to listen to them and staff were accommodating of patient requests where possible.

We spoke with three patients during the inspection and all said they were satisfied with the care they received and thought staff were friendly and always willing to help.

Areas for improvement

Action the service **SHOULD** take to improve

There was one area where the practice should make improvements:

- Ensure clinical audit processes effectively assess, monitor and improve the quality and safety of services.

Sunnyhill Healthcare C.I.C (known as Arlesey Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Sunnyhill Healthcare C.I.C (known as Arlesey Medical Centre)

Sunny Hill Community Interest Company (CIC) provides services to patients at Arlesey Medical Centre, High Street, Arlesey, Bedfordshire. This practice operates under an Alternative Primary Medical Services (APMS) APMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The practice made a successful bid in 2010 to change the practice to a Social Enterprise (a not-for-profit organisation) and registered it as a Community Interest Company. There is a Stakeholder Group and patients from the practice have representation on the group and two members of the patient participation Group (PPG) are the Chair and Vice Chair of the Board. The contract has recently been renewed until April 2020 with an option to extend until 2022.

The practice serves a mainly white British population and has a list size of approximately 4,239 patients, who live in

Arlesey and surrounding areas. There are higher than average populations of patients of working age (aged between 25 to 49 years) and young people aged between 0 to 9 years. There is a much lower older population between the ages of 50 to 85 years compared to national and local averages. National data indicates the area is one of low deprivation in comparison to England as a whole.

The clinical team consists of one male GP partner, a female salaried GP, two regular female locums, a practice nurses who was an independent prescriber and a health care assistant. The team is supported by a practice manager and a team of reception staff.

The practice is located in the village of Arlesey and operates from a single story property. The practice has shared parking facilities including designated disabled parking bays. The practice is open from 8am to 12pm and 2pm to 6pm Monday to Friday. When the surgery is closed there is an emergency number for patients held by the duty GP. Extended hours appointments are available between 7am and 8am.

When the practice is closed an out of hours service is provided by Milton Keynes Doctors on Call (MDOC). Information on this service is available in the practice and on the website.

Detailed findings

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 26 October 2016. During our inspection we:

- Spoke with a range of staff GPs partners, a practice nurse, the practice manager and a number of administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice maintained a log of significant and 'near miss' events stored on the shared IT system and these were discussed as a standing item on the agenda for practice meetings, to ensure that lessons learnt were shared and monitored. The practice carried out an analysis of significant events, identifying trends, areas for improvement and learning and to highlight good practice. For example, we saw evidence of a completed investigation of an incident involving a report faxed to the practice that was not actioned promptly. Following the incident a thorough analysis of the event was carried out and changes were made to protocols to prevent the incident happening again.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Alerts were handled by the practice manager who ensured that appropriate action was taken and records were kept. We saw evidence that appropriate action was taken to improve safety in the practice. For example, on receipt of an alert regarding a prescription medicine used to treat very low blood sugar (severe hypoglycaemia) that can happen in people who have diabetes and use insulin. We saw evidence of a report created to identify all patients issued with this medication. Patients were identified, contacted and advised to take the medicine to a pharmacy and obtain a replacement.

We also saw an alert had been received regarding possible infections following ear piercing. This was disseminated to all clinical staff for information and a copy held in the alerts folder.

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 on the practice intranet. 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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We were provided with examples of safeguarding concerns that had been identified by different members of staff and action taken. Posters detailing contact numbers for reporting concerns were available in staff and public areas.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a risk assessment in place which covered the principles of the role, the policy and mechanisms for raising concerns. The use of chaperones were clearly recorded in the patients' notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in

Are services safe?

place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, 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. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to 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 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absences. There was a rota system in place to ensure that the practice manager had adequate staff cover this included arranging regular locums to support the GP.

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. 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 defibrillator on the premises and oxygen with adult and children's masks available. A first aid kit and accident book were available.
- A fire risk assessment had been undertaken in October 2016 which identified that the nominated fire marshalls had not received professional training although were able to demonstrate they understood the responsibilities of the role. Training had been arranged to be completed by January 2017. The practice undertook regular weekly testing of the fire alarm. and the last full evacuation drill was performed in March 2016.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Alternative locations were listed in the event of building closure and the plan included emergency contact numbers for staff. A copy of the plan was kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice had systems in place to keep all clinical staff up to date, which included the regular distribution of NICE guidance and discussions at meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, we saw that following an update to NICE guidance for diabetes medication. The practice placed alerts on patients records and discussed where appropriate at the next review as recommended.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 96% of the total number of points available, above the Bedfordshire Commissioning Group (CCG) average of 96% and the national average of 95%.

This practice was an outlier for this QOF (or other national) clinical target. Data from 2014/2015 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 66%, lower than the CCG average and national averages of 78%. Exception reporting for this indicator was 7% compared to the CCG and national averages were 13%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice recognised that this figure was low and we were told that the practice nurse had been on extended leave and support that had been provided by a diabetes

nurse specialist had been withdrawn. The practice nurse had recently returned and diabetes evidence we were shown indicated that the figure had recently increased to 75%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 98% which was comparable to the CCG and national averages of 90%. Exception reporting for this indicator was 0% compared to the CCG and national average of 12%.

Performance for mental health related indicators was higher than the local CCG and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% above the Bedfordshire Clinical Commissioning Group (CCG) and national averages were 89%. Exception reporting for this indicator was 4% compared to a CCG average of 15% and national average of 13%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96% above the CCG average was 86% and the national average was 84%. Exception reporting for this indicator was 0% where the CCG and national averages were 7%.

Exception reporting was overall below the CCG and national averages.

There was evidence of quality improvement including clinical audit.

There had been four clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example,

- The practice had undertaken an audit of asthma patients using high potency corticosteroids inhalers. The audit was undertaken to minimise steroid related side effects. Patients on these steroid inhalers were identified and contacted, of which there were five. They were reviewed to check dosage and inhaler technique

Are services effective?

(for example, treatment is effective)

and suitability for this reduction. Two agreed to have the dosage reduced under supervision, two declined and one discussed with their consultant. The conclusion and action plan was that support would be sought from specialist nurse to review patients and that in future all asthma and COPD patients would be offered this 'step down' approach at their review appointments.

- An additional audit of elderly patients taking Warfarin (an anticoagulant, blood thinning medicine) showed that had blood tests had been taken to identify patients who would benefit from being transferred onto a different and more appropriate medicine which would avoid serious side effects. Of the five patients identified, two were not housebound and of the other three two were not found to be suitable for a medicine change and one was successfully converted. The learning from this audit showed that it benefitted both the practice and patients as there was an overall cost saving due to stroke prevention.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- 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 such as diabetes, COPD (chronic obstructive pulmonary disease) and cardiac disease attended study days, conferences and external events.
- Information about patients' outcomes was used to make improvements. The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus, this involved the whole clinical team
- 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.
- 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 with the exception of the practice manager, this was completed immediately after the inspection and we received documentary evidence to confirm this.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- 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.
- Written consent was recorded appropriately when required.

Supporting patients to live healthier lives

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

- 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. For example, patients who required additional support with drug and alcohol addictions were referred to the Pathway 2 recovery service.
- A midwife was available at the surgery for pre-natal appointments. Also, a primary care mental health link worker and cognitive behavioural therapist held clinics on site.
- The healthcare assistant provided a weekly smoking cessation clinic.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 81%. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data published in March 2015 showed that:

- 49% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 59% and the national average was 58%.
- 70% 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%.

The practice recognised that the results for bowel screening were low and were educating patients during consultations on the importance of this testing and were encouraging patients to attend by putting posters and information in the waiting area.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97%, (national average 90%) and five year olds was 94% to 97% (CCG averages, 91% to 95%, national averages 88% to 94%).

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For the period from April 2016 to October 2016 the practice had invited 115 patients and completed 43 health checks.

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

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% 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%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 79% 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 compared to the national average of 85%.

- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 98% and compared to the national average of 97%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and compared to 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, due to the patient demographic services were rarely used. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 41 patients as carers (approximately 1% of the practice list). Written information was available in a carers pack in the waiting

areas and on the practice website to direct carers to the various avenues of support available to them. The practice was working with Carers in Bedford to identify who to offer additional support.

Staff told us that if families had suffered bereavement, they would be sent a condolence card and their usual GP contacted them to offer support and arrange a visit if required. 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 and NHS East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital, pre dementia diagnosis and identifying registered patients aged 14 years and over with learning disabilities to offer support and provide them with an annual health check.

- The practice offered extended hours appointments on Monday and Friday mornings from 7am for patients who could not attend during normal opening hours.
- Appointments and repeat prescriptions could be booked in person, on the telephone or online via the practice website.
- The practice held a register of patients with learning disabilities. Of the 20 patients registered six had received an annual review with an additional eight booked before the end of March 2017.
- There were flags on the clinical system to identify patients who required longer appointments. For example, those with a learning disability or those with poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice maintained a register of housebound patients. The GPs, practice nurse and health care assistant provided enhanced, proactive care for those who were housebound or lived in care homes, and for all older patients who had long term medical conditions through regular reviews performed at home. Other services such as provision of flu/ shingles and pneumococcal vaccinations and domiciliary phlebotomy were also available.
- The practice organised flu vaccination clinics on Saturdays for those unable to attend during normal hours.
- The practice used social media to communicate changes to the practice health information and to give patients the opportunity to provide feedback on the practice.
- The community midwife held a weekly clinic at 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, patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and baby changing facilities available.
- The practice ran a drop in phlebotomy clinic twice each week for patients unable to attend the local hospital. Urgent blood tests could be carried out by the practice nurse.
- The practice had an arrangement with a local pharmacy to provide a home delivery for housebound patients and arranged for multi-compartment medicine compliance aids to be provided to patients who would benefit from this.
- The practice offered flexible appointments and telephone consultations.
- The practice held a monthly meeting with Macmillan nurses and community staff including the community matron, to review patients on the palliative care register.
- Patients with COPD(chronic obstructive pulmonary disease) were referred to the pulmonary rehabilitation service.
- The practice looked after 50 patients in a local care home, who were predominantly living from dementia. Ward rounds and reviews of care plans were carried out weekly by the GP and nursing staff. If required the GP would visit on an ad hoc basis
- University students could be seen as temporary residents outside term time.

Access to the service

The practice was open from 8am to 12pm and 2pm to 6pm Monday to Friday. When the surgery was closed there is an emergency number for patients held by the duty GP. Extended hours appointments were available between 7am and 8am.

When the practice is closed an out of hours service is provided by Milton Keynes Doctors on Call (MDOC). Information on this service is available in the practice and

Are services responsive to people's needs?

(for example, to feedback?)

on the website. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and compared to the national average of 76%.
- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and compared to the national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Requests were received by receptionists and managed by the duty doctor who would action them appropriately. In cases where the urgency of need was so great that it would

be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The patient liaison officer handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

We looked at nine complaints received between October 2015 and July 2016 and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that when the practice received a complaint from a patient who was dissatisfied with the treatment they received. This was discussed at the next practice meeting. Protocols were reviewed and amended following the incident to reduce the risk of recurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to **provide a service which was responsive to your the needs of patients and staff and to be open, locally accessible, personal and with the highest standards.**

- The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values.
- The practice had a strategy and supporting business plan, which reflected the vision and values and these were regularly monitored. This included forward planning and the bid for the contract to continue to provide services

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

As a Community Interest Company (CIC) the practice had rigorous structures in place to manage the company and the practice. For example two members of the patient participation group (PPG) were the Chair and Vice Chair of the board with representation at all meetings from both patients and practice staff. All aspects of the practice were discussed at meetings including patient numbers and financial matters. The Board made decisions on how practice funds were managed with support from the practice manager, this included remuneration of all practice staff and how profits were used to benefit patients. The Board and PPG had been involved in the submission process for the new contract to enable the practice to continue from April 2017 for three years with an option to extend for an additional two years.

In addition there were structures and procedures in place which 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. All policies and procedures were updated regularly and available on the practice shared drive that was accessible to all staff.

- A comprehensive understanding of the performance of the practice was maintained by the GPs and practice manager and the Board.
- The number of audits undertaken was limited, however those completed were used to monitor quality and to make improvements.
- There were comprehensive 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 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. We noted that social events were arranged throughout the year.
- 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.

Are services well-led?

Good 

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been established for over nine years and was a thriving group with up to 20 members attending meetings. These meetings were attended by GPs the practice manager and a number of

other staff both clinical and administration. The PPG were encouraged to submitted proposals for improvements to the practice management team. For example, increasing the ability of patients to access mental health services at the practice, which was put in place and uptake of the service was good.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.