

# Rothsay 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 Rothesay Surgery on 28 July 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.
- 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.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- They worked well with the multidisciplinary team to plan and implement care for their patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had higher than average survey results for patient satisfaction.
- 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 contact the practice by telephone and to arrange an appointment with a named GP. There was continuity of care, with urgent appointments available the same day.
- The practice had made alterations to the building to offer 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.

# Summary of findings

The area where the provider should make improvement are:

- Develop systems and continue to identify and support more carers in their patient population.

**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. They were discussed at practice meetings and lessons learned shared with staff.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, an explanation 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. All staff had received appropriate training for their role and were aware of how to recognise signs of abuse. Any concerns were shared with community service staff and discussed at multidisciplinary team meetings.
- Risks to patients were assessed and well managed. The practice undertook risk assessments and completed actions following these. Appropriate levels of staff were managed by a rota system.
- Staff had received training appropriate to their role and relevant pre-employment checks had been completed. Personnel files were complete and in order.
- The practice had a comprehensive business continuity plan in place and a copy of the plan was kept off site.

### 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. For example The percentage of patients with diabetes, on the register, with a record of a foot examination in the preceding 12 months was 99% above the CCG average of 90% and the national average of 89%.
- 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.

# Summary of findings

- 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. The community midwife and health visitors held weekly clinics at the practice.
- Verbal consent for procedures was documented in the patients' record.

## 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. Results from the national GP patient survey in July 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: 96% of patients said the GP was good at listening to them compared to the Bedfordshire clinical commissioning group (CCG) average of 87% and the national average of 89%
- 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. This was available in the waiting area, on the practice website and social media pages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients who were carers (approximately 0.9% of the practice list). The practice had amended the new patient questionnaire forms to include caring responsibilities.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to get an appointment with a named GP and there was continuity of care, with urgent

# Summary of findings

appointments available the same day. For example, 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.

- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- The practice offered bookable extended hours appointments and telephone consultations if required.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were disabled facilities and the practice had installed a stair lift to enable patients with restricted mobility to access treatment rooms on the first floor. Any patient unable to use the stair lift or stairs were given appointments on the ground floor. The practice had a hearing loop and translation services were available
- Information about how to complain was available and easy to understand there was a poster in the waiting area and a leaflet explaining the process. Evidence showed the practice responded quickly to issues raised. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.

## 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.
- 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 and had a virtual patient

Good



# Summary of findings

participation group (PPG). They communicated practice news, gathered information and received feedback from patients through a variety of routes including the practice newsletter and social media.

- There was a comprehensive schedule of meetings held in the practice including those for reviewing unplanned admissions, significant events and safeguarding.

# 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 worked with other health and social care professionals to understand and meet the range and complexity of older 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 in this group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Information on organisations and community groups was available in the waiting area and on the practice website for example bereavement services and Age UK.
- All patients over 75 years had a named GP and were offered a full comprehensive health assessment. On the day of inspection 8% of the practice population was aged 75 years or over.

### 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.
- The percentage of patients with diabetes, on the register, with a record of a foot examination in the preceding 12 months was 99% compared to the CCG average of 90% and the national average of 89%.
- 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.
- Through the use of the clinical system, templates were used to ensure that the appropriate information was correctly recorded.
- Patients who are nearing the end of their life were treated by GPs who were in regular contact with the community teams. Visits and contact was made by GPs on a regular basis, and this was offered to all patients who were known to be nearing the end of their life.

## 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 percentage of women aged 25-64 years whose notes recorded that a cervical screening test had been performed in the preceding five years was 83% compared to the CCG average of 82% 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 and health visitors. The community midwife and health visitors held weekly clinics at the practice. Safeguarding information regarding children was shared with health visitors and the local authority for children who may be at risk.
- The practice child immunisation clinic was held when a GP was on the premises. If a parent/guardian did not bring the child in for immunisations the practice nurse would telephone or write to the parent/guardian to discuss any concerns. The practice had a policy to follow up non-attendance (DNA) at any service, for example, immunisation clinics or check up appointments. The practice would follow up on DNAs and all children who were identified as potentially at risk were reviewed by the GP.

Good



# 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 reflected the needs for this age group.
- For example, 52% 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%. 62% 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 also offered the meningitis C vaccination to patients aged 14 to 25 years and advertised this in the practice newsletter and through social media to encourage this group of patients to attend. There were a number of access routes to the practice, for example, the use of the online booking process for appointments including those outside of surgery hours. Patients were also able to book a telephone appointment, or email any queries they may have.
- Repeat medications could be requested via the online clinical system, by email, fax, letter or telephone.
- The information pack, supplied when a patient registered, took a proactive approach in advising patients of their options for help and advice and tips on how to deal with minor illness. There was also a wide range of information and videos on the practice website to promote health living.
- The practice offered a bookable extended hours appointments on Wednesday evenings for those patients that otherwise were not able to attend regular clinics due to work commitments.

## **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 which could include, homeless people, travellers and those with a learning disability.
- The practice had a register of patients with learning disabilities and at the time of inspection there were 23 patients registered.

# Summary of findings

- Patients with learning disabilities were offered annual reviews which included a health assessment, medication review and an up to date health plan. Also the practice offered longer appointments for patients in this group.
- Vulnerable patients were highlighted on the clinical system. GPs monitored the status of the patient and any further risk factors they may encounter and if high risk, their details were passed on to the local safeguarding team. The reception staff were also made aware of any potential vulnerable adults to help ensure the patients saw a GP regularly.
- 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.

## 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).

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 93% which was above the CCG and national averages of 89%.
- Patients with mental ill health were routinely monitored and an annual health review was offered.
- Patients who had more complex psychological or mental health illnesses were offered an extended appointment.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Information was available in the waiting area in the form of leaflets and posters along with links to videos and national groups on the practice website.
- 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.

Good



## Summary of findings

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, above the CCG average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had developed specific screening tests for patients who may be at risk of developing or who were suffering from dementia.
- The practice carried out advance care planning for patients with dementia.

# 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 local and national averages. 269 survey forms were distributed and 98 were returned. This represented a response rate of 36% and represented approximately 2.4% of the practice's patient list.

The practice had higher than average responses for patient satisfaction survey results

- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 99% 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 the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 86 % and the national average of 85%.
- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national averages 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 44 comment cards which were all positive about the standard of care received. Comments made referred to friendly and caring staff and patients praised the high standard of care they felt they received.

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

Staff were described as helpful and respectful and they listened to patient needs. The GPs and nursing staff were described as caring and patients stated they were happy with the care and treatment they received. Appointments were available on the day if needed.

The practice made use of the NHS friends and family test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The most recent results showed that 100% of respondents would recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The area where the provider should make improvement are:

- Develop systems and continue to identify and support more carers in their patient population.

# Rothesay Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Rothesay Surgery

Rothesay Avenue Surgery provides a range of primary medical services from its location at Rothsay Place, Bedford.

The practice serves a population of approximately 3,200 patients with a lower than average female population between the ages of 10 to 24 and 50 to 79 years of age and a lower than average male population between the ages of 0 to 29 years and 79 to 79 years of age. The practice population is largely White British. National data indicates the area served is one of average deprivation in comparison to England as a whole.

The clinical team consists of one female GP partner and two practice nurses. The team is supported by a practice manager, a finance manager and a team of administrative 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 operates from a two storey converted, detached property and patient consultations and treatments take place on the ground level and first floor. There is a car park to the side of the surgery, with disabled parking available.

The Rothesay Surgery is open between 8am and 5.45pm Mondays and Wednesdays to Fridays. The practice is closed in the afternoon on Tuesdays and cover is provided by a neighbouring surgery at Ashburnham Road. The practice offers extended hours appointments on Wednesday evenings until 7.45pm.

The out of hours service is provided by Bedford Doctors on Call (BEDOC) and can be accessed via the practice telephone number. Information about this is available in the practice and on the practice website, newsletter and telephone line.

## Why we carried out this inspection

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

## 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 28 July 2016. During our inspection we:

- Spoke with a range of staff including a GP, nurses, the practice manager, the finance manager and a number of administration staff. We also spoke with patients who used the service.

# Detailed findings

- 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 reasonable support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- 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 were shared and action was taken to improve safety in the practice. For example, on receipt of an alert regarding blood testing strips for monitoring diabetes the practice ran a report to identify all patients issued with a prescription for the affected blood glucose strips. The practice nurse sent out letters on the same day to patients advising them of the concerns and ensuring replacements were given. This alert was then discussed at the next clinical meeting and the practice reviewed protocols and agreed any necessary changes.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level 3.

- The practice monitored patients who may be at risk including children who did not attend immunisations or pre-school checks. Patients who had been recorded as being at risk were noted on the patient record. Updates for safeguarding information were documented on the patients record.
- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice 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 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

# Are services safe?

- 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 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 (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw evidence that staff had a system to arrange urgent cover for absences.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- A first aid kit and oxygen was available in the case of an emergency. The practice did not have a defibrillator available on the premises but had carried out a risk assessment which identified a location close by where a defibrillator was available if required. All staff were aware of this. The practice had also applied to the British Heart Foundation for a grant to purchase a defibrillator that could be situated within the local area and could be of benefit not only to the practice but also care homes and businesses within the local area.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. An electronic copy of the plan was kept 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 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

Performance for diabetes related indicators was higher than the local Bedfordshire Clinical Commissioning group (CCG) and national averages. For example,

- The percentage of patients with diabetes, on the register, with a record of a foot examination in the preceding 12 months was 99% above the CCG average of 90% and the national average of 89%. Exception reporting for this indicator was 8% compared to a CCG average of 7% and national average of 8 %.( 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 higher than the local CCG and national averages. For example,

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last

12 months, above the CCG average of 86% and the national average of 84%. Exception reporting for this indicator was 9% compared to the CCG and national averages of 7%.

- The number of patients with diagnosed psychoses who had a comprehensive agreed care plan was 93% where the CCG and national averages were 89%. Exception reporting for this indicator was 5% compared to a CCG average of 15% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed 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 demonstrated that there had been an improvement in the recording and monitoring of asthma patients using short acting inhalers and reviews of patients who had an unexpected hospital admission due to an exacerbation of their condition.

Information about patients' outcomes was used to make improvements. They regularly reviewed their QOF achievement to identify if there were any areas which required additional focus, this included both GPs and the nursing team.

### 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, for those reviewing patients with long-term conditions. Nurses had completed training in chronic obstructive pulmonary disease (COPD), asthma and diabetes, including education programmes and attending study days.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

# Are services effective?

## (for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, 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.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- A midwife was available at the surgery for pre-natal appointments and a private physiotherapist, the community dermatology and occupational health services held clinics on site.
- All patients aged 75 years and over were offered a full comprehensive health assessment.
- All patients with a long term health condition were offered annual reviews. These checks were carried out predominantly by the practice nurses. Additional information outside the scope of QOF indicators were reviewed to give a fuller picture of the patient's health, enabling the practice to be proactive in the care of its patients. This service was also offered to other long term condition patients in a less structured way, mainly through medication reviews and monitoring of repeat prescriptions which required six monthly authorisation.
- Through the use of the clinical system, templates were used to ensure that the appropriate information was correctly recorded for QOF. For some long term conditions (asthma, COPD (chronic obstructive pulmonary disease), mental health, diabetes and heart failure) the clinicians used locally developed, extended templates to provide a fuller picture.
- Patients who were nearing the end of their life were treated by GPs who kept in regular contact with the community services including the palliative care team, where necessary, district nurses, community matrons and the complex care team, to ensure continuity of care.

# Are services effective?

## (for example, treatment is effective)

Visits and contact were undertaken by GPs on a regular basis, not just if a visit was requested. This was offered to all patients who were known to be nearing the end of their life.

- The practice had a number of learning disabilities patients. Annual reviews were undertaken which, included a health assessment, medication review and an up to date health plan for the patient.
- Patients suffering from poor mental health were routinely monitored and an annual health reviews were offered. The practice recognised that normal appointment duration may not be sufficient to treat a patient who appeared to have more complex psychological or mental health problems, so this group of patients could be offered an extended appointments. reception staff were aware of patients who may need extra support.
- The practice had developed specific screening tests for patients who may be at risk of developing or who were suffering from dementia.
- Vulnerable patients were highlighted on the clinical system . Through practice protocols the GP was made accountable for monitoring the current status of the patient and any further risk factors they may encounter. If a patient was deemed to be at risk, their details were passed on to the local safeguarding team. The reception staff were also made aware of any potential vulnerable adults to help ensure the patients see a GP regularly.

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 86%, higher than 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 a variety of methods including posters and reminders in the practice newsletter. 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:

- 52% 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%.
- 62% 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 national average was 72%.

Childhood immunisation rates for the vaccinations given were better than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% (CCG averages, 94% to 97%, national averages 73% to 95%) and five year olds from 92% to 100% (CCG averages, 91% to 98%, national averages 81% to 95%).

The practice also offered the meningitis C vaccination to patients aged 14 to 25 years and advertised this in the practice newsletter and through social media to encourage this group of patients to attend.

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. The practice completed 107 of these checks in 2016.

# 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 44 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 three patients on the day of inspection and 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. The practice did not have an actual patient participation group (PPG) however they had a list of patients who could be contacted via email providing a virtual group and one patient who was working closely with the practice to encourage other patients to form an actual group. In addition patients were able to feedback to practice staff or complete suggestions form and the practice were planning to introduce a notice board in the waiting area to feedback to patients on suggestions made.

Results from the national GP patient survey in July 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:

- 96% of patients said the GP was good at listening to them compared to the Bedfordshire clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 96% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% 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%.
- 93% 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%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 98% 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%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80 % and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87 % and the national average of 85%.

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

## Are services caring?

- 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.
- Information leaflets were available in easy read format.

### **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 24 patients as

carers (approximately 0.9% of the practice list). The GP continually tried to identify patients who may have caring responsibilities to invite them for a review and to offer support. The practice had amended the new patient questionnaire forms to include caring responsibilities. Written information was available in the waiting area, to direct carers to the various avenues of support available to them.

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

The practice offered a 'Commuter's Clinic' on Wednesday evenings until 7.45pm for patients who could not attend during normal opening hours.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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. This service was also offered to anyone not just patients registered at the practice, and there were plans to extend this to an evening and weekend service in 2017.
- There were disabled facilities and the practice had installed a stair lift to enable patients with restricted mobility to access treatment rooms on the first floor. Any patient unable to use the stair lift or stairs were given appointments on the ground floor. The practice had a hearing loop and translation services were available.

### Access to the service

The practice was open between 8am and 5.45pm Mondays and Wednesdays to Fridays the practice was closed on Tuesday afternoons and patients were able to attend a surgery nearby, for bookable appointments, if they needed an appointment. This was a reciprocal arrangement with the other practice which was closed on Wednesday afternoons. The practice did not operate an appointment system, but offered a walk in service to patients.

Patients requiring the services of a GP outside these hours were directed to the out of hours service at Bedford Doctors On call (BEDOC).

Appointments were from 8.30am every morning and until 5.45pm on daily with the exception of Tuesday afternoons when the practice was closed. Extended hours appointments until 7.45pm were available on Wednesday evenings, these appointments were prebookable.

In addition there were a number of access routes to the practice, for example, the use of the online booking process for appointments including those outside of surgery hours. Patients were also able to book a telephone appointment, or email any queries they may have. Repeat medications could be requested via the online clinical system, by email, fax, letter or telephone.

The information pack, supplied when a patient registered, took a proactive approach in advising patients of their options for help and advice and tips on how to deal with minor illness.

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.

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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.

If a patient contacted the surgery requesting a home visit the receptionist would ask for preliminary information and then send an instant message to the GP via the clinical system. The GP would then assess the need and contact the patient. 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.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, there was a poster in the waiting area and a leaflet explaining the process.

We looked at one complaint received in the last 12 months and found this was satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. Details of complaints and lessons learnt were discussed with staff at practice meetings.

# 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, an explanation, 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 a virtual patient participation group (PPG) and communicated practice news, gathered information and received feedback from patients through a variety of routes including the practice newsletter and social media. Following feedback from patients the practice was considering offering bookable appointments at certain times.
- The practice had gathered feedback from staff generally 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.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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