

# Ashburnham Road 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 Ashburnham Rd Surgery on 25 August 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.
- The practice had higher than average survey results for patient satisfaction.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended hours appointments.
- The practice had made alterations to the building to offer better 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to support and encourage patients to form a patient participation group.

**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 and concerns were discussed at team meetings.
- The practice maintained effective working relationships with safeguarding partners such as district nurses, the palliative care team and adult social care services.
- 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 internal rota system.
- When things went wrong patients received support, an explanation of events, and a written apology. They were told about any actions taken to improve processes to prevent the same thing happening again.
- Staff had received training appropriate to their role and relevant pre-employment checks had been completed. Personnel files were complete and in order.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.
- 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 largely comparable to local and national averages.

# Summary of findings

- 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 these included referrals to other healthcare professionals or reduction in prescribing medications where appropriate.
- 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.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005). Verbal consent for procedures was documented in the patients' record.
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer; following up patients who failed to attend appointments.
- Staff received mandatory training that included: safeguarding, fire safety awareness, and basic life support and information governance. We also saw evidence that all staff were trained and alert to domestic violence, FGM (female genital mutilation) and people trafficking issues.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice was above average for its satisfaction scores on consultations with the GP and nurses. For example, 92% 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%.
- We saw evidence of a strong patient centric culture and staff informed us that they were committed to provide high quality, personalised care for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

**Good**



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- All patients had a named GP.
- The practice's computer system alerted GPs if a patient was also a carer.
- The practice had identified 65 patients as carers (approximately 2% of the practice list).

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and 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 dementia reviews.
- 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. Recent results were above the local and national averages. For example, 81% 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 found it easy to get through to this practice by phone compared to the CCG 77% average of national average of 73%.
- 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.
- Wellbeing psychotherapy service referrals were offered to patients to avert more serious mental health problems developing.

Good



# Summary of findings

- The practice worked closely with vulnerable patients to ensure they received appropriate care and support with problems associated with homelessness, drug and alcohol addiction.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

## 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.
- Although the practice did not have an active patient participation group, feedback from staff and patients was gathered, which it acted on.
- There was a comprehensive schedule of meetings held in the practice including those for significant events and safeguarding and reviewing palliative care patients with community teams.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

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 provided influenza, pneumonia and shingles vaccinations to this group.
- Referrals were made to the social services older people's team and occupational therapy where there may be social care concerns or if a patient needed supported living help.
- If patients had mobility problems the receptionist would arrange for them to have appointments on ground floor.
- District nurses were alerted to housebound patients where there were concerns about their health.
- The practice held palliative care meetings in accordance with the national Gold Standard Framework (GSF) involving district nurses, GP's and other local services.

### 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 practice undertook regular avoiding unplanned admissions audits.
- 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 worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment.
- Longer appointments and home visits were available when needed.
- Patients identified with high frailty risks were given individual managed care plans and were regularly reviewed by the clinical team and discussed at multidisciplinary team meetings.



# 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 more complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Parents were offered fast track appointments if they were particularly concerned.
- The practice's uptake for the cervical screening programme was 63%, which was comparable to the CCG average of 76% and the national average of 74%.
- We saw positive examples of joint working with children's community services including the child and adolescent mental health teams.
- Family planning and contraceptive advice was available.
- Interpreter services were available for young asylum seekers/child refugees.
- All staff were trained and alert for safeguarding, domestic violence, FGM (female genital mutilation) and people trafficking issues.
- All safeguarding and multi-agency safeguarding hub (MASH) requests for information were treated as high priority.
- The practice worked with local schools and any child with health and or social development problems would be referred to the child development centre.

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).

Good



# Summary of findings

- 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 offered bookable, extended hours appointments on Monday evenings until 7.30pm for those patients that otherwise were not able to attend regular clinics due to work commitments.
- Telephone consultations were available daily.
- 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.
- The practice provided NHS health checks for patients aged 40-74 years.
- Smoking cessation was available from the practice.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice worked with social services working age peoples team where there were social care concerns.

## People whose circumstances may make them vulnerable

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

- Patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability were offered annual reviews which included a health assessment, medication review and an up to date health plan. Many of these patients were cared for by their families at home rather than in a residential care facility and the practice offered home visits to undertake reviews.
- Longer appointments were available at the practice for patients in this group.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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 that patients saw a GP regularly.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations to ensure they received effective health care despite of difficulties of dealing with homelessness, drug and alcohol addiction.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including referrals to the community mental health team, P2R (addiction services) and the social services working or older age peoples team as appropriate.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified approximately 2% of the practice patient list who were carers.
- Staff worked closely with carers to ensure they attend surgery for appointments and involving them in all decisions regarding the patient's healthcare.

## 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.
- Patients who had more complex psychological or mental health illnesses were offered an extended appointment.
- The practice carried out regular health assessments with opportunistic and regular checks for patients at risk of dementia and/or cancer including memory assessments.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients with mental ill health were routinely monitored and an annual health reviews were offered.
- The practice carried out advance care planning for patients with dementia.
- The practice held a register of patients experiencing poor mental health and invited them to attend annual reviews. The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% above the CCG and national averages of 89%.

Good



# Summary of findings

- The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was 86% above the CCG and national averages of 81%.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Reception staff were vigilant in checking that patients with poor mental health received their medication on time and regularly. They would also monitor their use of medicines and alert the GP to any concerns for example medicine being requested too soon, or too often.

# 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 the local Bedfordshire CCG and national averages. 400 survey forms were distributed and 42 were returned. This represented a response rate of 11% (1.3% of the practice's patient list).

- 95% of patients found it easy to get through to this practice by phone compared to the CCG 77% average of national average of 73%.
- 81% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

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

We received four comment cards which were all positive about the standard of care received. 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 four patients during the inspection. Four patients said they were satisfied with the care they received and thought staff were friendly and always willing to help.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from July 2015 to July 2016 showed that 97% (109 of the 112 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Continue to support and encourage patients to form a patient participation group.

# Ashburnham Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Ashburnham Road Surgery

Ashburnham Road Surgery at 8 Ashburnham Rd, Bedford, Bedfordshire provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is ethnically mixed, and provides medical services to a large South Asian population with others of Afro Caribbean, Eastern European and a lower number of white British patients. National data indicates the area served is one of average deprivation in comparison to England as a whole.

The practice serves a population of approximately 3335 patients with a higher than average population for both males and females ages 0-14 years of age and 25 to 39 years especially males. The practice population has a lower than average population of females aged 40 to 85 years and over.

The clinical staff team includes a male GP partner supported by a regular female locum GP, a female practice nurse and a male healthcare assistant. The team is supported by a practice manager reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice had a branch surgery at 178, Ampthill Road, Bedford, Bedfordshire. This location was not inspected at this time.

The practice operates out of converted detached house and has no parking facilities, however there is public parking available nearby. Patients who require parking are advised to book appointments at the branch surgery which has adequate parking.

The practice is open Monday to Friday from 8am to 6.30pm, with extended hours appointments available on Monday evenings until 7.30pm. The practice is closed on Thursday afternoons from 1pm and has a reciprocal cover arrangement with a neighbouring practice. There are a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

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

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 25 August 2016. During our inspection we:

- Spoke with a range of staff including a GP, a locum nurse, the practice nurse, the health care assistant, practice manager and a number of reception staff. We also 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 reasonable support, an explanation and 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 events and they 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 member of the reception team. 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. We saw evidence that appropriate 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 manager and GP discussed this with the other clinical staff and checks were carried out to check patients that may have been affected. A report was then created to identify all patients issued with a prescription for the affected blood glucose strips and they were contacted to inform them what action to take. This alert was then discussed at the next clinical meeting and the practice reviewed protocols and agreed any necessary changes. When an alert was received

regarding home visits the GP and practice manager met with reception staff to discuss the alert and ensure that the practice procedures were up to date. All notifications were discussed at practice meetings and copies of the alerts were kept in a central paper file and on the shared electronic database for staff to access if needed.

### 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; demonstrating that staff understood their responsibilities. All had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to the appropriate level to manage child (level 3) and adult safeguarding. Posters detailing contact numbers for reporting concerns were available in staff and public areas.
- A notice in the waiting room advised patients that chaperones were available if required. All administration 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 for example, chaperones were not left alone with the patient and details of the mechanisms for raising concerns.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.



## Are services safe?

There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken with the healthcare assistant 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 NHS Bedfordshire 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 recently developed systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed 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, where required[KG2].

### 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. A recent fire safety risk assessment identified that one of the doors was not of the correct regulatory specification and this had been replaced.
- 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 including regular checks to manage COSHH (control of substances hazardous to health), 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 at both sites.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator on the premises, however oxygen with adult and children's masks were available. The practice manager had undertaken a risk assessment for the lack of a defibrillator, one was available nearby and staff were aware of the location of this and what to do in the event of an emergency. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice 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. 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 93% of the total number of points available, comparable to the CCG average of 96% and the national average of 95%.

The practice was an outlier for one area of QOF clinical targets. Data from 2015/16 showed:

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 86% and national average of 84%. Exception reporting for this indicator was 50% compared to the CCG and national averages of 7%. (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 was aware that this was a wide deviation and we saw evidence of how the practice planned to improve these figures. There were only six patients on the register of which three had not as yet had a review. Cultural issues contributed to the low figure of patients being reviewed.

Many of these patients were cared for at home by their families and not in residential homes. The practice said they would offer home visits to improve the number of patients reviewed.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% above the CCG average of 87% and the national average of 88%. Exception reporting for this indicator was 12%, which was comparable to the CCG average of 14% and the national average of 10%.
- The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was 86%, which was above the CCG and national averages of 81%.
- 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 7% compared to a CCG average of 7% and national average of 8 %.

There was evidence of quality improvement including clinical audit. There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example, the practice had undertaken an audit of patients taking oral nutritional supplements and arranged for them to be reviewed by a dietician which resulted in a 40% reduction in those taking the supplements. An additional audit was used to improve the use of a diabetic medication, such as stopping use of the drug if not achieving a reduction in HBA1C (diabetic control) as per NICE guidance.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. As part of the locality, the practice had audited their work on the unplanned admissions scheme. This showed the practice had care plans for high risk patients, 1.8% of patients, 24 hour appointments available, and review of care plans.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was information available for locums including practice procedures, referral pathways and contact numbers.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles. The healthcare assistant had received appropriate training for his role and we reviewed patient records with demonstrated that all consultations were within the scope of the role.
- 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. We saw evidence that the practice manager audited cervical screening results to ensure they were providing appropriate samples.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. We saw evidence that all staff were trained and alert to safeguarding, domestic violence, FGM (female genital mutilation) and people trafficking issues.

- Staff had access to and made use of e-learning training modules, in-house training and access to bi-monthly external locality training sessions. Staff were well supported to develop in their new roles through appropriate training.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.
- The practice would contact the district nursing team if there were concerns regarding a patient who was housebound.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs. This included undertaking assessments and planning ongoing care and treatment. This included when patients moved between services, and when they were referred or after they were discharged from hospital.
- The practice would refer to the local CDC (child development centre) for any child with developmental concerns and with local schools in handling health and social development problems of children who were patients. This helped by supporting parents where they had concerns for the health and development of their child or children.
- Information requests and referrals to the local multi-agency safeguarding hub (MASH) were dealt with in a timely manner.
- The practice held regular multi-disciplinary team (MDT) meetings that made use of the Gold Standard Framework (GSF) for palliative care, to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses and local support services. At the time of our inspection 19 patients were receiving this care.
- The practice meetings where safeguarding was discussed. These were attended by the local health visitor, when possible, urgent information would be sent

# Are services effective?

## (for example, treatment is effective)

to the childrens community team if they were not in attendance. Records were kept of discussions and action taken in relation to children at risk. Information from other agencies involved in safeguarding was also shared during these meetings.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinicians would use interpreters where patients may have difficulty understanding what they were giving consent for.
- 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 forms were used for specific procedures as appropriate and stored in patient records.

### Supporting patients to live healthier lives

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

- The practice nurse and health care assistant were trained in chronic disease management to support patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). They were supported by the GP. We saw evidence that patients who did not attend (DNA) their appointments received reminder letters and/or a telephone call from the contracts manager to further encourage attendance.
- 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. The practice provided smoking cessation or patients could be signposted to a relevant external service.

- The practice worked closely with the community mental health team and P2R (addiction services) and would refer as appropriate. They also worked with the social services working age peoples team where there were social care concerns.

The practice's uptake for the cervical screening programme was 63%, which was comparable to the CCG average of 76% and the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring information was available in different languages and a female sample taker was available.

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

- 34% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 54% and the national average was 58%.
- 52% 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 these results were low and was addressing this by highlighting the importance of testing to patients during consultations. In addition the practice receptionists would contact patients to remind them that they had missed their tests or appointments.

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 96%, (national average 90%) and five year olds from 100% (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. The practice completed 116 of these checks in 2015/6 an increase of 35% on the previous years data.

# 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.
- Reception staff assisted with ensuring patients with poor mental health received their medication on time and regularly. They also monitored the use of medicines and would alert the GP to any concerns for example, if medicine was being requested too soon/often.
- The practice worked closely with carers to provide support and ensure they attended the practice for healthcare and medicines. Carers were involved in all decisions about their own care and those they cared for.

All of the four 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.

The practice did not have an active patient participation group (PPG) but continued to try to engage with patients through a variety of routes, for example, posters in the waiting areas and information on the practice website advised patients of the importance of a PPG and how they could get involved.

Results from the national GP patient survey published 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:

- 92% 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%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% 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%.
- 88% 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%.
- 91% 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%.

We saw evidence of a strong patient centric culture and staff informed us that they were committed to provide high quality, personalised care for patients. We were provided with numerous examples of work the practice had undertaken to accommodate patient's needs and in particular to safeguard patients they felt may be at risk. For example, patients who were vulnerable and isolated had received intervention through the practice's liaison with other support agencies, including those with drug or alcohol dependencies. Staff informed us that they felt it was the personal approach and caring nature of the practice that underpinned then consistently high patient feedback they received. This caring approach was demonstrated on the day of inspection.

### 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 higher than local and national averages. For example:



## Are services caring?

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Many of the staff were multilingual which helped to support patients.
- Information leaflets were available in easy read format and a wide selection was available including community support groups, online services and lifestyle hubs.

### **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 the GP if a patient was also a carer. The practice had identified 65 patients as carers (approximately 2% of the practice list). The practice worked closely with carers and supported them with flexible appointments times, referrals to occupational health for supported living assistance and working with the social services older peoples team to ensure that any social concerns were addressed. In addition, written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them and usually visited the family.

# 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 range of enhanced services such as avoiding unplanned admissions to hospital and facilitating timely diagnosis and support for people with dementia. We saw evidence that the practice maintained the low for unplanned hospital admissions which they attributed to their continued efforts to ensure vulnerable patients were well supported.

- The practice offered extended hours appointments on a Monday evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and elderly patients.
- There were registers for patients with dementia and those with a learning disability. These patients were invited for an annual face to face review. At the time of our inspection there were 19 patients on the learning disability register of which 4 had received an annual review (from January to July 2016) and six patients on the dementia register of which three had received an annual review in the same time period. The practice recognised that these figures were low. Cultural issues and patients being cared for by their families, rather than in residential care homes may have contributed to the low figures. The practice told us that they were trying to encourage more patients to attend review appointments or offer to undertake them in the patients home.
- 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.
- Wellbeing psychotherapy service referrals were offered to patients to avert more serious mental health problems developing.
- The practice worked closely with vulnerable patients to ensure they received appropriate care and support with problems associated with homelessness, drug and alcohol addiction.

- Regular health assessments with opportunistic and regular checks were undertaken for dementia and cancer including memory assessments.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and a hearing loop. Patient with mobility issues were highlighted on the clinical system and offered appointments in ground floor consulting rooms.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- A recall system was utilised to invite patients who had long term conditions for review. This included those suffering from poor mental health.

### Access to the service

The practice was open Mondays to Fridays from 8am to 6.30pm, with extended hours appointments available on Monday evenings until 7.30pm. The practice closed on Thursday afternoons from 1pm and had a reciprocal cover arrangement with a neighbouring practice. There are a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

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

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

- 96% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments, with a named GP when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary; and

# Are services responsive to people's needs?

(for example, to feedback?)

the urgency of the need for medical attention. For example, if a patient contacted the surgery requesting a home visit the receptionist would initially establish if an ambulance was required for example in the case of chest pain. They would then ask for preliminary information and then add a next appointment for the GP via the clinical system. The GP would then, on completion of the current consultation, assess the need for a home visit by contacting 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the designated responsible person for complaints and was supported by the GP. Between them they handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the practice leaflet and in the waiting areas.
- The practice documented written and verbal complaints and carried out an annual analysis of complaints to identify trends and areas of learning and improvement.

We looked at four complaints received since April 2015 and found they had all been dealt with in an open and timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw evidence that following a complaints the practice conducted an investigation and where appropriate invited the patient to meet with practice staff to discuss the complaint. Patients were advised of other organisations they could complain to for example NHS England or the ombudsman.



# 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 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. The practice held regular discussions with staff to inform them of how the practice was performing against local targets and encouraged them to remind patients whenever possible to attend appointments, tests and reviews.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, referring patients taking oral nutritional supplements to the dietician, monitoring the use of diabetic medication in line with NICE guidance and regularly reviewing care plans for patients on the unplanned admissions scheme.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GP 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 GP and practice manager 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 GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the GP. All staff were involved in discussions about how to run and develop the practice, and the GP 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'.

Although the practice did not have an active patient participation group but was continually trying to encourage and support patients to form a group. However, they had sought feedback and engaged with patients in the delivery of the service. For example, the practice used feedback from the friends and family test results and had received a request for a ground floor toilet with disabled facilities and had undergone alterations to achieve this. We saw positive feedback received from patients regarding this. Also a request had been received to prescribe to patients over the phone and the practice advised patients that this was not possible and against practice policy. The practice told us that this policy was in place to safeguard patients from overuse of medication.

## Are services well-led?

Good 

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

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.