

# Chiltern Hills Practice

## 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?		Requires improvement	
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 Chiltern Hills Practice on 13 September 2016. Overall the practice is rated as good.

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

- The practice had a clear vision and had recognised the particular needs of patients in the community it served.
- The practice team had worked to create an open and transparent approach to safety. A clear reporting system was in place for recording significant events and dealing with updates and alerts.
- Risks to patients were identified, assessed and appropriately managed. For example, the practice implemented appropriate recruitment checks for

new staff, and followed up-to-date medicines management protocols. However, the practice did not have a current legionella risk assessment in place.

- We saw that the staff assessed patients' needs and delivered care in line with current evidence based guidance. Performance was monitored using statistical analysis of national and local data and patient surveys; however, we found that the practice had not completed any clinical audits in the last 12 months.
- Staff were supported to access development learning and routine training was provided to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 97% of the total points available to them, for providing recommended care and treatment to their patients.

# Summary of findings

- The practice participated in the national awareness promotion week for carers and had raised the number of carers registered to almost four percent of the patient list.
- Feedback from patients was consistently positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Comments from patients on the 33 completed CQC comment cards confirmed these views.
- Results from the GP Patient Survey published in July 2016 showed the practice was performing higher than local and national performance averages in some areas.
- Information about services and how to complain or provide feedback was available in the waiting area and published on the practice website. The practice had a thorough process dealing with patient feedback. Outcomes from complaints were shared and learning opportunities identified as appropriate.
- Appointments were readily available. Urgent appointments were available the same day, although not always with the patients named or usual GP.

- The practice had access to good facilities and equipment in order to treat patients and meet their needs.
- There was a clear leadership structure and we noted there was a positive outlook among the staff, with good levels of morale in the practice. Staff said they felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvement is as follows:

- Ensure completion of a legionella risk assessment and implement any recommendations made.

The areas where the provider should make improvements are as follows:

- Reconsider arrangements to review quality assurance at the practice, for example targeted clinical audit.
- Continue to check the newly implemented system to log and monitor prescription stationery.
- Continue to encourage patient attendance for cancer screening including for breast and bowel cancer.

**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 requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'. The GPs and managers actively encouraged staff involvement.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- The practice had systems in place for recording and taking action in response to alerts and updates.
- When there were unintended or unexpected incidents patients received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes were introduced to avoid a possible repeat incident where necessary.
- The practice had systems in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed. For example, this included arrangements for monitoring standards of infection prevention and control and systems in place for staff recruitment. However, the practice had not carried out a recent Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Recent data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 97% of the total points available to them, for providing recommended care and treatment to their patients.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it as required to assess and deliver care in line with current evidence based guidance.
- The practice had completed one audit in the previous two years. The practice relied upon feedback from patients, analysis

# Summary of findings

of the Providers performance monitoring information, review of QOF performance and engagement with medicines management and prescribing data to drive improvement to services in patient care and for professional development.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.
- There was clear evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

## Are services caring?

The practice is rated as good for providing caring services.

- Recent data from the national GP patient survey published July 2016 showed that patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified 80 patients registered as carers, which represented approximately 3.6% of the practice list. The practice also held a register of military veterans and provided support and advice relevant to their needs.
- 93% of patients described their overall experience of the practice as good; this was higher than both the local CCG average of 86% and the national average of 85%.
- Feedback from the 33 completed CQC comment cards was consistently positive. Patients told us they were impressed by the professional attitude and caring approach of the staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible. The practice had an informative practice leaflet and a comprehensive website. Posters were on display and information leaflets were available in the waiting area.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. Practice staff reviewed the needs of its local population and engaged with NHS England and Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- 98% of patients said the receptionists at the practice were helpful, compared to the CCG average of 88% and a national average of 87%.
- 96% of patients described their experience of making an appointment as good, compared to the CCG average of 75% and the national average of 73%.
- Urgent appointments were available the same day, with pre-bookable appointments with the health care assistant, nurse or GP available up to twelve weeks in advance.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. A phlebotomy service had been provided at the practice, so that patients did not have to attend hospital.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate. The practice encouraged positive feedback and celebrated success appropriately.

## Are services well-led?

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

- The practice had a corporate vision and strategy to deliver good quality care and promote good outcomes for patients. Practice staff were clear about their role in delivering services to patients.
- There was a clear leadership structure and staff felt supported by management. The practice had appropriate policies and procedures to govern activity and held regular governance meetings.
- Corporately, systems were in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff.
- Key performance indicators were in place to monitor delivery of services. Information was used to benchmark delivery of services, patient satisfaction levels and to identify areas of good practice and areas for development.

Good



# Summary of findings

- The practice had a business development plan which identified existing objectives and possible future developments. However, due to uncertainties about the future award of the contract to provide services some of the major development issues, or those requiring capital expenditure, had paused.
- There was a clear and accessible governance framework, which supported the delivery of good quality care to patients. 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 management team encouraged a culture of openness, transparency 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 regularly and proactively sought feedback from staff and patients, which it acted on.

# 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. Home visits were offered for those patients who were incapacitated and unable to travel. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible. For example, when the nurse practitioner visited patients who lived in residential care homes they ensured, where possible, that patient medication was reviewed regularly and other routine tests were undertaken without the need for patient admission to hospital.
- The practice sent personal birthday cards to all patients over 80 years of age.

### People with long term conditions

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

Good



- Nursing staff had roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 GP worked constructively with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had clear protocols in place to support the treatment of patients with long term conditions. The practice held records of the number of patients with long term conditions. These patients were seen on a regular basis and invited to attend specialist, nurse-led clinics. Annual recall system based on patient's anniversary of birthday.
- The practice offered longer appointments to these patients and home visits were available when needed.



# Summary of findings

- 99% of the patients on the diabetes register had influenza immunization in the preceding 01 August 2015 to 31 March 2016, compared to local CCG and national average of 95%. Effective arrangements were in place to ensure patients with diabetes were invited for a review of their condition.
- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and chronic obstructive pulmonary disorder (COPD) were in place. The practice had clear objectives to reduce hospital admissions for respiratory conditions. Patients who were admitted to hospital were reviewed by the practice after discharge.
- End of life care was coordinated with Macmillan nurse, district nurse and Bedfordshire Partnership for Excellence in Palliative Support service (PEPS).
- These patients had a dedicated telephone number at the practice, for use in an emergency

## 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.
- 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.
- 87% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, was higher than the national average of 81%.
- The practice provided appointments outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- GPs completed six week and post-natal check for mothers and new born babies.
- We saw positive examples of joint working with midwives and health visitors.
- Immunisation rates for all standard childhood immunisations were comparable to both local CCG and national performance averages. The practice provided flexible immunisation appointments.

**Good**



# Summary of findings

- The practice supported a number of initiatives for families with children and young people, for example the practice offered a range of family planning services.
- Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. Positive links with the community midwife team and liaison with health visitors formed a positive and collaborative approach.

## 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



- Facilities were available for patient self-monitoring, for example with blood pressure equipment in the waiting area.
- Extended opening hours were available until 7.10pm on Wednesday evenings.
- Data showed 44% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 59% locally and 58% nationally.
- Data showed 63% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 74% locally and 73% nationally.
- The practice offered easy access to telephone appointments and telephone consultations.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40 - 74 years.
- The practice was proactive in offering an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances, such as homeless people, travellers and those with a learning disability. The practice undertook visits to a local traveller's site.
- The practice registered asylum seekers and refugees as temporary patients whilst awaiting completion of appropriate applications.
- The practice is able to issue food vouchers for those in need.

# Summary of findings

- The practice offered longer appointments for patients with a learning disability. GPs also visited patients at their homes when they were unable to travel to the practice for an appointment.
- Where possible the practice made 'last minute' appointments available for people who may have difficulty keeping to booked appointment times.
- The practice had recorded 80 carers on their register. The practice maintained positive links with Bedfordshire Carers and community groups.
- The practice regularly worked positively and collaboratively with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and the protocol to follow for reporting concerns.
- 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).

- 83% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to the local CCG average of 85% 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 carried out advance care planning for patients with dementia.

For patients on the dementia register the practice had a named member of staff with lead with responsibility for developing and improving delivery of services for patients with mental health and health promotion.

- The practice had supported patients experiencing poor mental health about how to access support groups and voluntary organisations, with links with support services, such as counselling and referrals to the Improving Access to Psychological Therapies service (IAPT).

Good



## Summary of findings

- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff telephone patients with memory problems to remind them of appointments.

# Summary of findings

## What people who use the service say

We looked at the most recent national GP patient survey results published in July 2016. 350 patient survey forms were distributed and 91 returned. This equated to a 26% response rate and represented approximately 4% of the practice's patient list.

The results showed the practice was performing better than both local and national averages in a number of areas.

- 98% of patients found it easy to get through to this practice by phone, compared to the local CCG average of 76% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 86% and national average of 85%.
- 92% of patients described the overall experience of this GP practice as fairly good or very good, compared to the local average of 86% and national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 78% and the national average of 78%.

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

We received 33 completed comment cards. All of the comment cards were positive about the standard of care received. Patients said services were provided in a professional and courteous manner. Staff were described as very caring, attentive and knowledgeable.

Some of the comments were from patients who had recently registered with the practice, whilst others had been registered since the practice opened.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought the staff were professional in their approach, committed to providing good services and demonstrated a caring approach to patients.

Patients, who were also members of the Patient Participation Group (PPG), told us about reviews and improvements to services the practice had undertaken in response to their feedback. For example, the practice had reviewed allocation of appointments to ensure flexibility and that some on-the-day appointment times were retained for later in the day.

The results of the Family and Friends Test (which gives patients who use NHS services an opportunity to provide feedback on their experience) showed that, 100% of patients would recommend the practice from 24 respondents.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure completion of a legionella risk assessment and implement any recommendations made.

### Action the service **SHOULD** take to improve

- Reconsider arrangements to review quality assurance at the practice, for example targeted clinical audit.

- Continue to check the newly implemented system to log and monitor prescription stationery.
- Continue to encourage patient attendance for cancer screening including for breast and bowel cancer.

# Chiltern Hills Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Chiltern Hills Practice

Chiltern Hills Practice provides primary medical services to approximately 2,179 patients in an area of Dunstable. Services are provided on an Alternative Provider Medical Services (APMS) contract (APMS contracts are agreed locally). The practice is also known as Chiltern Hills Surgery.

Services are delivered to patients from one registered location, 106 High Street, Dunstable, LU6 1LN.

The practice forms part of IntraHealth, a corporate group which provides primary medical services at a number of locations across England. Executive management oversight is provided by IntraHealth which includes corporate business planning, performance monitoring and central functions such as human resource management, payroll and regular review and update of policies and processes.

The Chiltern Hill Practice serves a population group with a noticeably different demographic profile to the England average. For example, the practice had higher prevalence of younger patients, with 25% of their patients under 18 years of age compared to the CCG and the England national average 21%. The practice had only 10% of patients aged over 65 years where the CCG and England average was 17%.

The area is recorded as being in the 'fifth more deprived decile' and therefore falls in an area of average deprivation.

According to national data, life expectancy for male patients at the practice is 79 years, compared to the CCG average of 80 years and the national England average of 79 years. For female patients life expectancy is 82 years, compared to the local CCG and the England average of 83 years.

The on-site practice team consists of one GP (male), one practice nurse and one health care assistant (both female). The practice manager is supported by a team of staff who provide reception and administrative functions.

The practice is open between 8.30am and 6.30pm Monday to Friday, with extended hours available until 7.10pm on Wednesday evenings. Appointments with a GP, nurse or health care assistant are available during those times. Appointments are bookable up to twelve weeks in advance. Emergency appointments are available daily. A telephone consultation and call-back service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery.

When the practice is closed, 'out-of-hours' services are provided by Care UK. Information about the out-of-hours services was available in the practice waiting area, on the practice website and on the practice telephone answering service.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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. For example, Bedfordshire Clinical Commissioning Group (CCG), Healthwatch and NHS England to consider any information they may hold about the practice.

We carried out an announced inspection on 13 September 2016.

During our inspection we:

- Spoke with the GP, nurse, practice manager and administrative staff.
- Spoke with patients, including members of the Patient Participation Group (PPG) (The PPG is a group of patients who volunteer to work with practice staff on making improvements to the services provided for the benefit of patients and the practice).
- Observed how staff interacted with patients.
- Reviewed 33 CQC comment cards where patients 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 form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at practice clinical meetings which took place regularly and we saw minutes from the meetings to confirm this.
- Information and learning was circulated to staff and the practice carried out a thorough analysis of the significant events.

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. Information was received into the practice by the Practice Manager and cascaded to clinicians. Matters were discussed at clinical meetings. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, we saw that when an alert was issued relating to instructions for the administering of a particular medicine, the practice had carried out a search on their system to see if any patients were likely to be affected and then acted appropriately to review and amend any medication as required.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice recognised that arrangements in

place for patients requiring routine monitoring such as blood tests were not ideal, as dates were not easily visible on the computer system. The practice undertook a review of the process and introduced changes to ensure dates were more highly visible on records and reminders were more accessible.

Staff engagement was encouraged and the practice had worked hard to establish an open and inclusive culture to all incidents and shared learning opportunities.

### Overview of safety systems and processes

The practice had clear systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Staff demonstrated they understood their responsibilities to safeguard children and adults from abuse and were aware of procedures to follow in reporting concerns. Staff had access to e-learning and face-to-face training. Staff, had completed safeguarding training relevant to their roles, with the GP trained to the appropriate level (level three) to manage child safeguarding. The practice had a nominated safeguarding lead.
- Systems for reporting patient concerns were clear. Safeguarding 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. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- The practice displayed notices in the patient waiting area and all treatment and consultation rooms, which advised patients that chaperones were available if required. 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 nurse at the practice had lead responsibility for infection prevention and control. We saw that all staff training was up-to-date and information was shared across the practice to ensure systems were in line with best practice guidelines. There



# Are services safe?

was an infection control protocol in place and audits were undertaken regularly. We also saw that where issues or concerns had been identified the practice had taken action to address any required improvements.

- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- During our inspection we checked the emergency medicines in the practice and found all the stock to be within manufacturers' expiry dates.
- 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. The practice had appropriate processes in place for handling repeat prescriptions, which included the review of high risk medicines.
- Blank prescription forms were securely stored and, by the completion of our inspection, there were systems in place to monitor their use. At the time of our inspection the practice did not record the serial numbers of each batch of prescriptions as they were received or allocated for use. However, we saw that the practice manager had introduced a system to ensure additional security of the unused prescriptions and the logging of prescription stationery would be commenced.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw an appropriate example of a signed certificate in place.
- We reviewed two staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice had a comprehensive locum GP information pack in place and would complete the necessary recruitment checks on those individuals when necessary.

## Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety;

- 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 displayed in the staff area which identified local health and safety representatives. The practice had an up to date fire risk assessment and fire drills were routinely undertaken.
- 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 undertook routine checks of water temperatures from taps as recommended to limit the risk of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had not carried out a recent Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice manager recognised this was an oversight and took immediate steps to put arrangements in place to address the situation.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.

## 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 which alerted staff to any emergency.
- All staff received annual basic life support training.
- There was a defibrillator and pads available in the nurses' room with a risk assessment completed to establish that access was freely available. Emergency oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were kept in a secure area of the practice and staff knew of their location. The medicines we reviewed were in date and were readily accessible should they be required.

## Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and appropriate arrangements for contacting staff in an emergency. The plan was accessible from outside the practice. The practice manager had introduced the concept of a business continuity 'Grab Bag' for use in the event of an emergency incident. The bag contained all relevant information, such as contractor's details and telephone numbers should services fail during the working day. A bag was located in each room of the practice in case one room was inaccessible.

# 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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice worked closely with the CCG pharmacist, who attended clinical meetings at the practice, to improve the efficiency of medicines management and prescribing.
- The practice met with the Bedfordshire Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on A&E attendance, emergency admissions to hospital, outpatient attendance and public health data. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed the practice achieved 97% of the total number of points available, which was comparable with the local CCG average of 96% and national average of 95%.

The practice achieved this result with an overall level of 7% exception reporting compared to local and national averages of 5% and 6% respectively. (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). We reviewed exception reporting processes and found systems in place to ensure appropriate decision making.

QOF data from 2015/2016 showed:

Performance for diabetes related indicators was comparable to both local and national averages.

- For example, the practice scored 99% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2015 to 31 March 2016, with an exception reporting rate of 21%. The local CCG average was 96% (with 18% exception reporting) and the national average 94%, with exception reporting at 19%.
- Other performance measures identified the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 80%, with an exception reporting rate of 15%. Compared to the local CCG average of 81% with 13% exception reporting and the national average of 81%, also with an exception reporting rate of 13%.

The practice provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.

When comparing performance for mental health related indicators the practice again achieved positive results in the range of outcomes within the individual measures.

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2015 to 31 March 2016) was 94%, with an exception reporting rate of 3%. Compared with the local CCG average of 91% with an exception reporting rate of 14% and the national average of 89%, with an exception reporting rate of 14%.
- For another measure, 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 (01 April 2015 to 31 March 2016) was 91%, with an

# Are services effective?

## (for example, treatment is effective)

exception reporting rate of 6%. Compared with the local CCG average of 89% with an exception reporting rate of 15% and the national average of 89%, with an exception reporting rate of 13%.

For patients on the dementia register the practice had a lead clinician with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns. The practice telephone patients with memory problems to remind them of their appointment.

There was limited evidence of quality improvement.

For example:

- The practice did not have a programme of regular clinical audit, they had completed an Asthma audit in 2015 but, subsequent to the departure of the staff member responsible, the audit had not been followed up. No new audits had been completed in the last 12 months. The practice was participating in the CCG medication and prescribing audits, undertaken by the CCG medicines management team.
- The practice participated in the national awareness promotion week for carers and had raised the number of carers registered to almost four percent of the patient list.
- The practice participated appropriately in local performance reviews, national benchmarking, and peer review and research. Findings from the development and performance analysis completed by the Provider ensured that quality of service delivery was monitored.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, information governance, basic life support, infection control, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had

received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance to update training sessions. For example, for those clinical staff involved with the review of patients with long-term conditions the practice had qualified nurses dealing with patients with Asthma and chronic obstructive pulmonary disorder (COPD).

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal 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, appraisal, clinical supervision and facilitation and support for revalidating the GP.
- Staff had access to regular clinical educational training sessions which were delivered using a variety of methods, including on-line e-learning, off-site presentations and at the practice. Where relevant practice staff had also attended CCG led training days which were held throughout the year. Protected learning time for staff was assured.
- Staff had access to appropriate accredited external training opportunities Staff received training that included safeguarding, infection control, chaperoning, basic life support, information governance, customer service training, and dementia awareness.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used the GP2GP system to transfer information electronically. The practice had systems in place to provide staff with the information they needed. Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to

# Are services effective?

## (for example, treatment is effective)

assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.

### Consent to care and treatment

We saw that patients' consent to care and treatment was obtained and recorded in line with legislation and guidance.

- The practice had a consent policy in place and 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.

### Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, people that are homeless, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were signposted to the relevant services.
- Smoking cessation advice was provided by the nursing team.
- Access to an NHS dietician and other healthy lifestyle advice was available.
- The practice held a register of patients living in vulnerable circumstances including the homeless and those with a learning disability, with routine health checks offered.

The practice's uptake for the cervical screening programme was 87%, which was higher than the national average of 73%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending reminder letters and telephoning patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, despite having a dedicated member of staff to lead on the engagement with patients and encouraging them to attend, the bowel and breast cancer screening rates were lower than both local CCG and national averages. For example:

- Data published in March 2015 showed 43% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 59% locally and 58% nationally.
- Data showed 63% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 74% locally and 72% nationally.
- Childhood immunisation rates for the vaccinations given were comparable to both CCG and national averages. For example, immunisation rates for the vaccinations given to children two years of age and under was 98%, compared to the national average of 91%. For five year olds the rate for the practice was 90%, and to the national average 91%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering.

Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in the GP consulting room 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 were able to recognise when patients may wish to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.
- Staff had received training covering equality and diversity and raising awareness about religious groups and gender specific considerations.
- Appointments were made with Advance Nurse Practitioner for those patients who would rather see a female clinician.

We received 33 CQC patient comment cards. Patients consistently said they felt the practice offered a good service and said staff were helpful, very caring and treated them with dignity and respect. Patients told us that staff responded compassionately when they needed help and provided support when required. Two comment cards described the service as fantastic. Some patients indicated that they had been with the practice for 30 years, whilst others had recently registered. We received feedback from two patients who were also members of the PPG. They told us that they were very pleased with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey published in July 2016 reinforced the feedback we received on the day of our inspection. The survey results demonstrated that patients felt they were treated with compassion, dignity and respect. Outcomes for the practice were at least comparable to local CCG and England national averages and, in some cases, outcomes were noticeably higher.

For example:

- 92% of patients said the last GP they saw was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 92% said the GP gave them enough time, compared to the CCG average 86% and the national average 87%.
- 88% said they had confidence and trust in the last GP they saw, where the CCG average was 96% and the national average 92%.
- 83% said the last GP they spoke to was good at treating them with care and concern, where the CCG average was 84% and the national average 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern, compared to the local CCG average of 87% and the national average 91%.
- 98% said they found the receptionists at the practice helpful, compared with the local CCG average 88% and the national average of 87%.

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

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and involved in decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 80% and where the national average was 82%.
- 86% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 87% and the national average 85%.

## Are services caring?

The practice was aware of the lower scores in some of the above areas and was working on ways to improve patient experience.

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

- Staff told us that a translation service was available for patients who did not have English as a first language.
- A hearing loop was available for those who were hearing impaired.

### **Patient and carer support to cope emotionally with care and treatment**

- Notices in the patient waiting area told patients how to access a wide range of support groups and organisations.

- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 80 carers identified which was 3.6% of the practice list.
- The practice maintained a bereavement register. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service. The practice would also send a card to the bereaved 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 NHS England Team and Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Clinical staff had access to advice and support from a wide range of specialist staff including dietician, the local respiratory team and staff also worked closely with the diabetes team.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered a text messaging service to remind patients of their appointments and repeat prescriptions.
- A hearing loop was available in reception. Written information provided for hearing impaired patients.
- Practice information leaflets translated into Polish to meet growing number of newly registered patient's needs.
- The practice had access to telephone translation service.
- A full range of health promotion and screening clinics and advice was available to meet the recognised needs of the patient group. Self-screening for blood pressure in waiting area.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly. Appropriate training had been provided for staff to support understanding and awareness.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had 23 registered patients who lived in four residential care homes across the area. Visits to the homes were provided and staff liaised with family members and care home staff appropriately.

- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis, links with the community midwife team and health visitors formed part of the support available.
- The practice had a system in place to identify patients with a known disability. The practice had alerts on the computer system to highlight those patients with mobility issues, so that reception staff would ensure they were given appointments using the ground floor consultation room and would be alerted to their needs should assistance be required in gaining access to the building or seating in the waiting area.
- Patients with hearing or sight impairment were coded on the practice computer system to alert staff that patients may require additional assistance, for example if completing any forms or assistance in making appointments with other agencies.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) where necessary and encouraged patients to self-refer where appropriate.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were available during those times. Extended hours were available until 7.10pm on Wednesday evenings.

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

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above local CCG and national averages;

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 96% of patients said they could get through easily to the surgery by phone compared to the local CCG average 76% and the national average of 73%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients said the last time they tried they wanted to see or speak to a nurse or GP they were able to get an appointment, compared the local CCG average 86% and the national average of 85%.

The practice told us that they continued to review telephone access into the practice and at peak times all staff would answer the telephone to reduce waiting times for patients calling. Patients we spoke to on the day of the inspection told us they were able to get appointments when they needed them.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the identified lead person who handled complaints in the practice. The practice carried out an analysis of complaints and produced an annual complaints report. Information on how to complain was readily available to patients.

The practice leaflet contained information about how to complain, notices were displayed in the waiting area and

information was available on the practice website. Information about the role of the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England) was routinely available.

We looked at two complaints received in the last 12 months and found all of these had been dealt with in a timely way. The practice submitted complaints data to the executive management team at Provider level. Lessons learnt from concerns and complaints were shared across the other services managed by the Provider and action was taken as a result to improve the quality of care. For example, in response to a complaint, where a patient had been unhappy about a possible delay in the system, the practice reviewed the situation and was able to establish that there had been a misunderstanding between the GP and patient. Learning from this, the practice reassured the patient that action had been taken and the practice issued a reminder to staff to be clear when they explain processes to patients. We noted that there had been no further similar incidents at the time of our inspection.

# 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 vision to deliver high quality care and promote good outcomes for patients.

- The provider had had a mission statement which was displayed in the practice and we saw that staff knew and understood the values.
- The provider held regular business planning meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

The practice manager had drafted a business development plan, which identified a range of objectives and possible future developments. We saw evidence that some actions had been completed, for example the leafleting of residential houses in the area to promote the services delivered from the surgery and small repairs and refurbishments such as fitting a stair rail and making safe cords for blinds had been fulfilled.

### Governance arrangements

There was a clear focus on positive engagement with staff across the clinical and administrative bases. The practice had clear governance structure which supported the delivery of the strategy and good quality care.

The reporting structures, agreed lines of delegated authority and procedures put in place at the practice ensured that:

- There was a clear staffing framework and that staff were aware of their own roles and responsibilities.
- The policies in place at the practice were issued at corporate level by the provider. Copies of relevant policies and associated guidance and protocols were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by executive managers and the practice management team through regular meetings and progress review sessions.
- In the absence of formal clinical audits completed at the practice, a programme of performance monitoring by review and analysis of key performance indicators at both Provider and practice level gave some reassurance that quality of services was maintained.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

Staff told us the management team was 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). The Provider's management team actively encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of written correspondence.

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

- The practice held team meetings and staff were encouraged to participate.
- 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 management and clinicians in the practice.
- Staff were encouraged to obtain additional qualifications.
- There was a staff handbook and newsletter and an annual conference delivered the Provider.
- Staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us that they enjoyed occasional events as a team.

# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the Friends and Family Test, the Patient Participation Group (PPG) and through local patient surveys and comments and complaints received.
- The practice benefitted from an active and engaged PPG, which had produced an annual action plan with objectives to raise awareness about the practice and the services available.
- The PPG members told us that as a result of the concerns about the availability of appointments they had taken steps to publicise the volume of patients that did not attend (DNA) for their scheduled appointments. The practice had introduced text reminders, additional notices had been displayed within the waiting area and information on the website and practice leaflet had intended to raise patient awareness.
- In response to PPG comments the practice advised us that they had provided a large, more easily visible sign at the front of the building to identify the practice.

- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

There was a focus on learning and improvement within the practice. At the time of our inspection, the practice was involved in a range of patient care services to meet the individual and collective needs of the practice population.

For example:

- The practice had identified the different needs of patients and the target to reduce obesity by promoting a healthy lifestyle for its patients, for example with the 'Let's Get Moving' clinic.
- The practice had developed services to meet the needs of those patients who may be homeless by registering them using a generic address.
- The practice had introduced a 'Grab Bag' for use in the event of an emergency incident. The bag contained all relevant information, such as contractor's details and telephone numbers should services fail during the working day. A bag was located in each room of the practice in case one room was inaccessible.

This section is primarily information for the provider

## Requirement notices

### 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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not assessed the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated by not checking any risks posed by Legionella to the water supply.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>