

# Clapham Road Surgery

## Quality Report

46-48 Clapham Road

Bedford

Bedford

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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 Clapham Road Surgery on 13 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had a comprehensive business continuity plan in place which included emergency contact numbers for staff and there was a telephone cascade system in place in case of an emergency.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- All unplanned hospital admissions were followed up by the health care assistant and any issues were highlighted to an appropriate clinician.
- The practice had reviewed its clinics for childhood immunisations and made improvements to ensure efficiency and to reduce the risk of errors, for example by ensuring that a GP and nurse led each clinic. 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 had good facilities and was well equipped to treat patients and meet their needs. A number of renovations had been carried out to make the property more accessible for patients with mobility needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to identify and support carers.
- Continue to encourage patient uptake for cancer screening.

**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.
- The practice had undertaken an audit of significant events and identified learning points from this and had introduced a peer review process for the recording of events.
- When safety alerts were received there was a process to ensure action was taken and affected patients were informed if appropriate.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received 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.
- Risks to patients were assessed and well managed.
- The practice had a comprehensive business continuity plan in place which included emergency contact numbers for staff and there was a telephone cascade system in place in case of an emergency.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had developed extended templates on the clinical system to improve patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The practice worked with the complex care team to provide a coordinated approach to care for patients in care homes.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Verbal consent for procedures was documented in the patients' record.
- The practice had reviewed its clinics for childhood immunisations and made improvements to ensure efficiency and to reduce the risk of errors, for example by ensuring that a GP and nurse led each clinic.
- If a child failed to attend an appointment for immunisations the practice would contact their parent/legal guardian to discuss any concerns.
- The practice worked closely with other healthcare professionals to ensure referrals were accurately processed.
- Unplanned hospital admissions were followed up by the health care assistant and any issues were highlighted to an appropriate clinician.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (approximately 1 % of the practice list).

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had introduced on line facilities for booking appointments or requesting repeat prescriptions.

# Summary of findings

- The practice had developed a process to ensure patients with multiple health conditions received combined appointments; reducing the number of times they needed to attend the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A number of renovations had been carried out to make the property more accessible for patients with mobility needs.
- Information about how to complain was available and easy to understand and evidence reviewed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was direct access to the out of hours service via the surgery telephone number.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had undertaken a number of management audits to improve systems.
- There was a comprehensive schedule of meetings held in the practice including those for reviewing unplanned admissions, safeguarding and death reviews.

**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

Good



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

- 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.
- All patients over 75 years had a named GP.
- Monthly multi-disciplinary team meetings (MDT) were held with community healthcare professionals including the complex care team.
- The practice worked closely with Macmillan nurses and the palliative care team to offer comprehensive care for those patients nearing the end of their life. A named GP provided care to these patients to ensure continuity of care.
- Unplanned hospital admissions were followed up by the health care assistant and any issues were highlighted to an appropriate clinician.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 91% compared to the local average of 90% and the national average of 87%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had developed extended templates on the clinical system to improve patient care.

# Summary of findings

- Annual reviews were offered to all patients with a long term health condition.
- The practice worked with a specialist to assist with the care of patients with asthma and chronic obstructive pulmonary disease (COPD).
- Patients with rheumatoid arthritis were reviewed by GPs to ensure all facets of their care were addressed.
- The practice had developed a process to ensure patients with multiple health conditions received combined appointments; reducing the number of times they needed to attend the practice.

## Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had reviewed its clinics for childhood immunisations and made improvements to ensure efficiency and to reduce the risk of errors, for example by ensuring that a GP and nurse led each clinic.
- The practice had a policy to follow up the non-attendance of children using other services to offer support to parents if required.
- We saw positive examples of joint working with midwives and health visitors.

## Working age people (including those recently retired and students)

Good



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



# 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.
- Telephone consultations were offered for patients who did not require a face to face appointment.
- The practice was proactive in offering on line services as well as a full range of health promotion and cancer screening that reflects the needs for this age group. For example, 40% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 60% and the national average was 58%. 57% 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%.
- A number of different routes to access appointments were offered to patients including on line services for booking appointments or requesting repeat prescriptions.
- The practice had an information pack supplied to new patients which gave advice on healthy lifestyles and how to treat minor illnesses.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Home visits were offered to patients unable to attend.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- 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.
- Vulnerable patients were identified on the clinical system to ensure all staff were aware of their enhanced needs.

# Summary of findings

- Patients in this group were offered individualised arrangements to access appointments.

## People experiencing poor mental health (including people with dementia)

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Home visits were offered to patients unable to attend.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- 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.
- Vulnerable patients were identified on the clinical system to ensure all staff were aware of their enhanced needs.
- Patients in this group were offered individualised arrangements to access appointments.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published 7 July 2016. The results showed the practice was performing in line with local and national averages. 362 survey forms were distributed and 88 were returned. This represented a response rate of 24% (approximately 2.5% of the practice's patient list).

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 77% 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%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 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 14 comment cards which were all positive about the standard of care received. Comments referred to staff as caring, helpful and polite. GPs were described as respectful and always ready to listen to patient concerns and explained tests, treatments and medications.

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

## Areas for improvement

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

The areas where the provider should make improvement are:

- Continue to identify and support carers.
- Continue to encourage patient uptake for cancer screening.

# Clapham Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Clapham Road Surgery

Clapham Road Surgery provides a range of primary medical services, including minor surgical procedures from its location at 46-48 Clapham Road, Bedford.

The practice serves a predominantly multi-cultural population of approximately 3,518 patients, including many patients from India, Africa, Asia, Eastern Europe, South America and Australasia. There are higher than average populations of patients of working age (aged between 25 to 45 years) and young people aged between 0 to 9 years. There is a much lower older population between the ages of 50 to 85 years compared to national and local averages. National data indicates the area is one of mid to low deprivation in comparison to England as a whole.

The clinical team consists of one male GP partner, one female salaried GP, two practice nurses and a health care assistant. The team is supported by a managing business partner, a practice manager and a team of administration staff. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice is centrally located near Bedford town centre and operates from a converted three- story property.

Patient consultations and treatments take place on the ground floor level and first floor. The practice recently underwent a programme of renovations improving both access and facilities for patients. A stair lift has been installed for patients who require access to the first floor. The practice has no parking facilities however there is a designated disabled parking bay available to patients.

Clapham Road Surgery is open between 8am and 7pm Monday to Friday. Appointments, including those that are pre bookable are available daily from 9am to 11am and 4pm to 6pm. In addition, emergency appointments are available daily between 11.30am and 12.30pm and between 6pm and 6.30pm.

A childhood immunisation clinic takes place every Wednesday from 10.30am -11.30am and an antenatal clinic on Thursdays from 9.00am to 12.00am run by the community midwife by appointment.

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

## 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 13 July 2016. During our inspection we:

- Spoke with a range of staff including GPs, the managing business partner, practice manager, nurses and administrative 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 support, an explanation and a written apology and were told about actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We saw evidence of this including minutes of meetings where events were discussed and learning points noted and actions allocated. The practice had also undertaken an audit of significant events and identified learning points from this and had introduced a peer review process for the recording of events.
- We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency), patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, on receipt of an alert regarding blood testing strips for monitoring diabetes the practice ran a report to identify all patients issued with a prescription for the affected blood glucose strips. The practice sent out letters to patients advising them of the concerns, and ensuring replacement. This alert was then discussed at the next clinical meeting and the practice reviewed protocols and agreed any necessary changes.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Any vulnerable patient or child identified as at risk was reviewed at the clinical monthly meetings. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their roles. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit had been undertaken in July 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

## Are services safe?

- 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 direction (PSD) or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff

needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice only used locums occasionally but we saw evidence of a comprehensive checking process used by the practice if a locum was required.

### 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 had a defibrillator available on the premises and oxygen with adult and children's masks. 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 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 by four members of staff and there was a telephone cascade system in place in case of an emergency.



# 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. We saw for example, that minutes from clinical meetings identified when specific alerts or updates had been discussed or if any changes should be introduced as a result of the updates.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

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

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

Performance for diabetes related indicators was in line or above the local and national averages. For example,

- the percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 91% compared to the local average of 90% and the national average of 89%. Exception reporting was similar at 10% to the local CCG (7%) and the national (8%).

Performance for mental health related indicators was largely comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 94%

where the CCG average was 89% and the national average was 87%. Exception reporting for this indicator was 11% compared to a CCG average of 15% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit undertaken to review the number of patients suffering from asthma with a plan to minimise the risk factors identified in the national report on asthma related deaths. The audit looked at a number of areas including medication, inhaler technique, medication reviews and self-management plans for patients. The practice worked with the locality asthma nurse advisor to carry out reviews of patients and two educational sessions were arranged which covered the importance of prescribing the correct inhaler device and a practical workshop on inhaler technique.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. These included disease specific training and study days.
- 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



# Are services effective?

## (for example, treatment is effective)

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

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

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked closely with and other health professionals to ensure that patients were appropriately referred to the correct service first time.
- The GPs and nurses accessed the services of specialist asthma and chronic obstructive pulmonary disease (COPD) nurses to support patients with these long term conditions.
- The practice worked closely with the Macmillan nurses and the palliative care team to provide comprehensive end of life care. Patients nearing the end of their life were discussed as part of the monthly multi-disciplinary team meeting (MDT) and the monthly practice clinical meetings. These patients were normally seen by the same doctor to ensure continuity of care. Visits and contact was made by GPs on a regular basis, not just if a visit was requested. This approach was offered to all patients who are known to be nearing the end of their life.

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

We saw a number of examples of information sharing including;

- Meetings that took place with other health care professionals including district nurses, health visitors and Macmillan nurses, on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. In addition the practice worked with the complex care team to provide a coordinated approach for patients in care homes.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were supported by practice staff or were signposted to the relevant service.
- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice used locally developed templates in the clinical system to give a fuller picture for patients with long term health conditions.

# Are services effective?

(for example, treatment is effective)

- Patients with rheumatoid arthritis received reviews undertaken by GPs to ensure all aspects of their care were addressed.
- All patients over 75 years had a named GP.

The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG average of 83% and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensuring a female sample taker was available.

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

- 40% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 60% and the national average was 58%.
- 57% 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%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% (CCG averages 94% to 97%, national averages 73% to 95%) and five year olds from 92% to 97% (CCG averages 92% to 98%, national averages 81% to 95%).

- The practice had reviewed its clinics for childhood immunisations and made improvements to ensure efficiency and to reduce the risk of errors, for example by ensuring that a GP and nurse led each clinic.
- The practice had a policy to follow up the non-attendance at any service involving children to offer support to parents if required.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For the 12 months period April 2015 to March 2016, 258 patients had been invited to attend and 80 health checks had been carried out.

# Are services caring?

## Our findings

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

On the day of inspection we observed staff supporting patient queries in a kind, compassionate and professional manner.

All of the 14 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.

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. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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:

- 94% 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%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 95% 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%.
- 90% 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%.
- 90% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- 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.

## Are services caring?

- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (approximately 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them and staff were aware of patients who were also carers and supported them when required.

The practice routinely reviewed all patient deaths to ensure that practice protocols were followed and to ascertain whether the death was expected, if the patient's preferences were fulfilled, if the patient's pain was managed appropriately and support whether the family were coping with the death. The review was used to identify any areas of improvement or learning and any areas of good practice that needed to be shared.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Bedfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had access to language translation services for patients for whom English was not their first language. A number of renovations had been carried out to make the property more accessible for patients with mobility needs.
- The practice was part of an unplanned admissions direct enhanced service (DES) which includes mainly older patients. Any patients in this group who had an admission were followed up by the health care assistant (HCA) to help deal with any highlighted issues which would then be followed up by an appropriate clinician. Since operating this scheme the practice found that the unplanned admissions and hospital re-admission rates had not reduced, however patients reported that they appreciated this follow up service.
- Patients with long term health conditions such as chronic obstructive pulmonary disease (COPD) heart disease, dementia or those with learning disabilities were visited at home, if required, for reviews and flu vaccinations.
- The practice had developed a process to ensure patients with multiple health conditions received combined appointments; reducing the number of times they needed to attend the practice.
- All vulnerable patients were flagged on the clinical system so all staff were aware. Adults who may be at

increased risk for any reason were identified and discussed during the clinical and administrative meetings. A named GP was responsible for monitoring the current status of the patient and any further risk factors they may encounter. If identified as high risk, the patients details were passed on to the local vulnerable adults team.

- The practice had close involvement with mental health community services including social services, the learning disabilities team. The practice offered annual reviews for all patients with learning disabilities, which included a health assessment, medication review and an up to date health plan for the patient.
- Dementia reviews were carried out at preferred locations for the patient and their carers.
- The practice had a comprehensive information pack for newly registered patients which included advice on healthy living and treating minor illness.

### Access to the service

The practice was open between 8am and 7pm Mondays to Fridays. Appointments, including that pre bookable were available daily from 9am to 11am and 4pm to 6pm. In addition, emergency appointments were available daily between 11.30 and 12.30 and between 6pm and 6.30pm. The practice had operated extended hours in 2014 and 2015 but despite patient comments there was very little uptake so the decision was made not to continue.

Pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Appointments, face to face or telephone consultations could be booked on line, by telephone or in person and patients could also use the online system for requesting repeat prescriptions. The practice also had a facility for patients to email any queries they may have.

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

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% 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 76% and the national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them. Additional management audits had been undertaken to review telephone usage, specifically the effect of outgoing calls on access to the practice for patients. The practice identified a specific line for outgoing calls to ensure that patients could get through on the main line.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Home visit requests were all reviewed by a GP. The GP would contact the patient by telephone in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system there were posters in the waiting areas and leaflets explaining the process were available to patients.

We looked at five complaints received in the last 12 months and found these were investigated and satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, where two complaints had been received regarding the attitude of staff this was discussed at a team meeting and staff were advised on how to deal with difficult situations and were assured that the practice had a zero tolerance policy in place.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide a high quality GP service to its patient population. It aimed to do so by providing high quality primary care, and offering a broad range of services, shaped around the needs and choices of individuals, their families and carers. The aim of the practice was to be accessible, responsive and flexible in meeting the varied needs of its patients. Staff we spoke with understood these aims and demonstrated their commitment to achieve them.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff, for example the appraisal system was changed at the request of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, an explanation of events and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Where changes were needed all staff were involved as a group in discussions.
- The practice ran a paperless clinical notes system and all notes dating back to 1948 had been scanned onto the system.

### 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 virtual patient participation group (PPG) and through surveys and complaints received. The practice sought feedback from patients attending the surgery using the Friends and Families Test response cards and had a box in the waiting area for patients to respond to a monthly question. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not

## Are services well-led?

Good 

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

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.