

Care Quality Commission

Inspection Evidence Table

Malzeard Road Medical Centre (1-5469260343)

Inspection date: 16 May 2019

Date of data download: 14 May 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>Policies and procedures had been updated. There were contact lists in the reception and consultation rooms with details of who to refer safeguarding concerns too. There was not a date on the contact lists to indicate that they contained the most up to date information. Following the inspection, the practice provided evidence that this had now been rectified.</p>	
<p>The lead GP was trained to safeguarding level 4, all other clinicians including the nursing staff were trained to level 3.</p>	
<p>Risk assessments had been completed for all staff to determine whether a DBS check was required. It was documented for non-clinical staff who chaperoned that they would not be left alone with a patient and would leave the room if the GP did.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	Y
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p>	Y
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	Y
<p>Staff had any necessary medical indemnity insurance.</p>	Y
<p>Explanation of any answers and additional evidence: We reviewed four recruitment files and found the necessary pre-employment checks had been completed. There were records of the professional registration of clinical staff including locum GPs.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 22/10/2018	Y
There was a record of equipment calibration. Date of last calibration: 22/10/2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 15/02/2019	Y
There was a log of fire drills. Date of last drill: Dec 2018	Y
There was a record of fire alarm checks. Date of last check: 14/02/2019	Y
There was a record of fire training for staff. Date of last training: Various dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: February 2019	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Y
Explanation of any answers and additional evidence: A legionella risk assessment had been completed in April 2019 and we saw evidence that the practice was following the recommended mitigating actions such as running taps and recording the water temperatures. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: January 2019	
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice had worked with the local clinical commissioning group (CCG) infection, prevention and control (IPC) nurse to ensure they were following current guidelines for IPC. The practice was visibly clean and tidy.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: All staff had received sepsis training. There was information in the consultation and treatment rooms that alerted staff to the symptoms of sepsis. In addition, the reception staff had received training in	

recognising the symptoms of a sick child.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: N/A	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.67	0.96	0.91	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	3.4%	8.9%	8.7%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	4.94	6.36	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	1.57	2.26	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The paediatric pads used for the defibrillator were past their expiry date. The practice immediately removed them and ordered a new supply. The adult pads stocked were suitable for use on children when placed correctly until the new supply arrived.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	3
Number of events that required action:	3
Explanation of any answers and additional evidence: Significant events and learning from them was discussed at the monthly staff meetings. There was also an annual review of significant events to identify any trends.	

Example of a significant event recorded and actions taken by the practice.

Event	Specific action taken
A patient became aggressive during a consultation. The GP used the panic alarm on the patient computer record system to alert other staff that help was required. This was not seen by the practice staff as they were not at their desks at the time of the incident.	Manual panic alarms were purchased and securely fitted to all desks within the practice. These alarms had an audible sound that could be heard throughout the practice if help was required.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Safety alerts were received by the acting practice manager and cascaded to the relevant staff. The lead GP took responsibility for managing the alerts and ensuring actions were completed. Records we reviewed showed that action had been taken for recent safety alerts received.	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: N/A	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.55	1.15	0.79	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice sent postcards to all patients over 65 years of age that contained information regarding falls and prevention of falls. The postcards advised patients to contact the practice if they experienced a fall.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice were proactive in carrying out blood pressure checks and reviews for these patients.

People with long-term conditions

Population group rating: **Good**

Findings

- The practice nurse ensured patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- There was a recall system in place to ensure patients were safely prescribed repeat medicines and monitored for any deterioration or improvement in their health. Education was provided to patients to help them manage their long-term conditions.
- For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care. There was a multi-disciplinary approach to care planning for these patients.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	58.5%	71.7%	78.8%	Variation (negative)
Exception rate (number of exceptions).	3.7% (9)	11.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	64.1%	70.6%	77.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.7% (14)	11.6%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.4%	77.3%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	6.1% (15)	10.6%	13.5%	N/A

Any additional evidence or comments

The published data for this practice related to the performance of the previous provider in the year 2017/2018. The practice provided us with unverified data that showed improvements for quality indicators for the 2018/2019 year. For example,

- In 2017/2018 the practice achieved 68.5% for diabetes indicators and for 2018/2019 they achieved 78%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months had increased to 63%.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.8%	76.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	29.6% (34)	8.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.3%	89.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	18.8% (3)	17.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.9%	78.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.8% (10)	6.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug	0.0%	90.3%	90.0%	-

therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	0 (0)	5.6%	6.7%	N/A

Any additional evidence or comments

In the year 2017/2018 the practice scored 5 out of 29 points for atrial fibrillation indicators. Unverified data for 2018/2019 showed the practice scored 29 points.

Families, children and young people

Population group rating: **Good**

Findings

- Unverified data showed that childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice provided a long-acting reversible contraceptive (LARC) service for their own patients as well as others from the local area.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	41	47	87.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	47	57	82.5%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	46	57	80.7%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	46	57	80.7%	Below 90% minimum (variation negative)

Any additional evidence or comments

Unverified data supplied by the practice showed an improvement in childhood immunisations administered. The practice had achieved an average of 94% for all childhood immunisations which was above the 90% WHO target.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had received feedback from Luton Council to say they were the first in the area to achieve the delivered target for NHS health checks in 2018-2019.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	62.1%	64.7%	71.7%	Tending towards variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	59.3%	67.3%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	28.6%	45.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	66.7%	68.3%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	33.3%	52.5%	51.9%	No statistical variation

Any additional evidence or comments

The Public Health England data for cervical screening covered the time the previous provider was running the practice. Data for 2018/2019 was not available.

The practice informed us they had made improvements to cervical screening. They ensured all eligible patients received three reminders to attend for screening and there had been an increase in appointments available.

The practice used QOF data for cervical screening to demonstrate the improvements made. For 2017/2018 the practice achieved 70% for women aged 25 to 65 years of age whose notes recorded that a cervical screening test had been performed in the preceding five years. Unverified data for 2018/2019 showed the practice achieved 84%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- An annual health check was offered for patients with a learning disability. The practice informed us that 38 of the 42 patients on the learning disability register had received a health check in the previous 12 months.
- Patients who were carers were recorded as such and marked clearly on the patient computer record system.
- The practice informed us they had an understanding and sensitivity towards females from minority backgrounds regarding their culture and confidentiality needs.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The practice had pathways for referral to community services for counselling and support at various levels of mental health care, where necessary.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
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 (01/04/2017 to 31/03/2018) (QOF)	94.1%	84.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.6% (1)	11.2%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	86.4%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.6% (1)	11.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	80.0%	83.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	28.6% (2)	6.9%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	457.0	519.6	537.5
Overall QOF exception reporting (all domains)	7.0%	6.8%	5.8%

Any additional evidence or comments

Exception reporting was high for some areas of QOF prior to the current provider taking over the practice. We were informed that the practice maximised every opportunity to contact patients that required a review. This included,

- contacting them at least three times.
- opportunistically reminding patients of the need for a review when they visited the practice for other issues.
- reviewing multiple conditions at one visit.

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.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- The practice had undertaken four completed clinical audits in the past two years to demonstrate quality improvements. For example,
 - An audit was undertaken to ensure patients with chronic obstructive pulmonary disease (COPD) had their breathlessness assessed and scored using a recognised scale. An improvement in the identification and scoring of these patients was shown in the second cycle of the audit.
 - An audit of patients with osteoporosis was completed to ensure that they received the appropriate prescribed supplements in line with current guidelines. The results were consistent and showed guidelines were followed.
- Audits were undertaken to ensure that current guidelines and safety alerts were followed when prescribing medicines. A prescribing tool was used by the practice to alert clinicians if guidelines were not followed.
- The practice also audited other areas. For example,
 - An audit was completed to check that all patients who had undergone cervical screening had received a result of the test.
 - An audit was completed of the codes used on the patient computer record system to check that patients with safeguarding or child protection concerns were appropriately identified.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: N/A	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: N/A	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.0%	94.3%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.2% (6)	0.8%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: All staff had received Mental Capacity Act training.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	11
Number of CQC comments received which were positive about the service.	11
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Cards	Staff have a caring and supportive attitude. The GP is patient and understanding.
Comment Cards	Reception staff are welcoming and good with patients. Excellent service.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3579	409	66	16.1%	1.84%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	79.6%	84.9%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	72.7%	81.7%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	85.5%	93.4%	95.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	67.5%	74.6%	83.8%	Tending towards variation (negative)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence or comments
The practice was aware of the national GP patient survey scores that reflected the patient's opinions prior to the provider taking over the practice. In response to this the practice had completed their own survey in January 2019. They had 44 responses to 50 surveys sent to patients. The results showed that 93% of respondents said that the staff dealt with their query in a satisfactory manner and 91% said they are confident with the reception staff ability to deal with queries promptly.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Comments cards	Patients commented that the GP took time during appointments and did not make patients feel rushed. Patients commented that the staff were sensitive and sympathetic.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	83.9%	89.3%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: All the staff were multi-lingual and could speak the languages spoken by their patient population.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 19 patients as carers which equated to less than 1% of the patient list.
How the practice supported carers.	There was a carer's pack available with information of support services for carers in Luton. There was information in the patient waiting area for carers. Flexible appointment booking was offered. We were informed the practice was monitoring the patient lists to identify more carers.
How the practice supported recently bereaved patients.	We were informed that all recently bereaved patients were contacted by the lead GP and offered support information and a face to face appointment if required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: There was a glass partition at the reception desk that ensured telephone conversations could not be overheard in the patient waiting area. There was a multi-lingual auto check in for patients to reduce queues at the reception desk.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: The practice was in purpose-built premises over two floors. Consultation and treatment rooms were available on the ground floor. There were access enabled facilities such as a designated parking bay, toilet and a lift to access the first floor of the building, for patients with mobility problems or disabilities.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	9am to 6.30pm
Tuesday	9am to 6.30pm
Wednesday	9am to 1pm
Thursday	9am to 6.30pm
Friday	9am to 6.30pm
From 8am each day and from 1pm to 6.30pm on Wednesdays there was an emergency telephone number on the practice answerphone message for patients to access a GP.	
Appointments were available throughout these times. All patients, except those aged under 5 years and older people, had a telephone triage by the GP who then either gave advice or booked an appropriate appointment for the patient.	
Children and older people were always offered a same day appointment.	
The practice made use of the Luton Extended Hours Service to book routine appointments with a GP, practice nurse or health care assistant. This service operated on Monday to Friday evenings from 6pm to 9pm and Saturdays and Sundays from 8.30am to 2.30pm at two local GP practices.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3579	409	66	16.1%	1.84%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	89.4%	91.9%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Same day appointments and telephone consultations were available.
- Prescriptions over the telephone were accepted for housebound patients or during times of inclement weather in the winter period.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- These patients were seen on the day as additional patients if there was a need.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available outside of school hours either at the practice or at the Luton Extended Access Service.
- We found there were systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Additional appointments were available with the GP at the end of the normal appointment times, as required, to help parents or guardians feel more reassured via face to face consultations instead of telephone appointments. We were informed that this has helped to reduce inappropriate A&E attendances.
- Staff had been trained to recognise the symptoms of the sick child.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered telephone consultations to help patients unable to attend the practice.
- Appointment times were flexible to meet patient's needs. The Luton Extended Access Service was used to offer routine appointments in the evenings and at weekends.
- There was online access for appointment bookings and repeat prescription requests.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Longer appointments were available.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- A specialist mental health professional visited the practice once a week.
- A health and wellbeing delegate from the clinical commissioning group (CCG) attended the practice to give patients techniques and skills in cognitive behavioural therapy and talking therapies, when required.

Timely access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when necessary.	Y

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	68.8%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	58.9%	54.5%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	52.3%	56.7%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	51.8%	62.9%	74.4%	Tending towards variation (negative)

Any additional evidence or comments

Since the survey results had been published the practice had made changes to the appointments offered. Telephone triage was available in addition to face-to-face appointments.

The practice's own survey, completed in January 2019, showed that 89% of respondents were happy with the new telephone triage system, 9% said they weren't happy and 2% answered not applicable.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Although the complaints we reviewed were satisfactorily handled in a timely way, the practice complaints policy did not contain the NHS England recommended timeframes for responding to complaints. This was immediately rectified at the time of the inspection.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A complaint was made regarding the attitude of one of the GPs during a consultation.	An investigation was carried out and an apology was given to the patient. Feedback was given to the GP regarding rapport and professional boundaries with patients.
A complaint was received from the local hospital regarding an inappropriate referral.	An investigation was carried out and guidance was given for future referrals.
<ul style="list-style-type: none"> Complaints and learning from them are discussed at staff meetings. The practice held an annual complaint meeting to review all complaints to identify trends and ensure actions are completed. 	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: We were informed that when the current provider took over the practice it was in a vulnerable position and not performing well. The provider identified the areas that were working well and those that weren't and developed a vision for the practice. An action plan was put in place to make improvements. Refurbishments were made to the building and actions taken to ensure the practice became financially stable. At that time the practice had 2,800 patients. This had now increased to 3,700 and capacity had been made to increase further to 5,000 patients. The acting practice manager was receiving training so they could fulfil the practice manager role. They were also supported by the practice manager from a neighbouring practice.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The aims and objectives were documented on the practice website.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: N/A	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	All staff we spoke with were happy working in the practice. They informed us they felt supported and could see the improvements that had been made in the previous year.
Staff	Staff informed us they felt valued and their skills were recognised and developed so they could fulfil different roles.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice used policies and procedures to guide staff in their roles. Job descriptions were held in the staff files. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: N/A	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The practice demonstrated they were aware of the areas of performance that needed attention. Unverified data supplied by the practice showed that improvements had been made.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice made use of their own patient surveys and the NHS Friends and Family Test to gather the views of their patients.	

Feedback from Patient Participation Group (PPG).

Feedback
The PPG provided positive feedback regarding the practice. The group had been recently formed and there had been three meetings. Representatives from the group said the meetings were attended by practice staff and they felt listened to. Concerns were raised about appointments and the car-park and the practice took immediate action. For example, they made some appointments pre-bookable and approached the local council to expand the car-park. The PPG commented that there had been many positive improvements made to the practice in the previous year.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice made use of internal and external reviews of incidents and complaints to identify learning and make improvements.	

Examples of continuous learning and improvement

- When the new provider took over the practice they identified staff that had the potential to develop into new roles and training was provided.
- The principal GP was actively involved with the local CCG as a clinical director and clinical lead for mental health.

- The practice worked closely with a neighbouring practice. They provided support for each other to provide clinical cover across both practices.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.