

# The Oliver Street Surgery

## Quality Report

The Oliver Street Surgery  
57 Oliver Street  
Amphill  
Bedfordshire  
MK45 2SB  
Tel: 01525631395  
Website: [www.oliverstreetsurgery.co.uk](http://www.oliverstreetsurgery.co.uk)

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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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# 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 Oliver St Surgery on 12 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff 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.
- 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.
- Any child under the age of five years was offered an appointment two days after their original consultation to reassure their parent or guardian.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had introduced an observation sheet for completion during a medical emergency.
- 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:

# Summary of findings

Continue to identify and support carers.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors and social workers.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.
- Emergency medicines and equipment were available and in date and the practice had developed an observation chart for completion during an emergency.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff records were in order with good evidence of all checks carried out.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 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.
- Staff felt well supported by the practice management team and the practice had an 'open door' policy, this was supported by a specific 'Well Being' policy for staff which included a 'changes to mood' template for staff to complete if they felt the need.
- The practice held a register of patients identified as carers.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and 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 good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a weekly physiotherapy service.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Any A&E attendances or hospital admissions/discharges were followed up within 3 days by the practice if required.
- A prescription delivery service was available for patients unable to collect their own medication.
- A phlebotomy clinic ran daily enabling patients to have blood tests conducted locally rather than at the local hospital.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.
- Annual health checks were available for patients in this group.
- Medication control boxes were available for repeat medication.
- The practice offered flu immunisation at home for those patients unable to attend the practice.
- Any unplanned attendance at accident and emergency, hospital admission or discharge, on review, were followed up by the practice within three days of receipt of discharge information.

Good



### People with long term conditions

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

- Nursing staff had lead roles and received regular training in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the Bedfordshire Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 68%, where the CCG average was 76% and the national average was 78%.
- 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 multi-disciplinary package of care.
- The practice arranged home visits for patients in this group to monitor their long term conditions.

Good



# Summary of findings

- Personalised care plans for this group were completed and there was a recall system in place to ensure patients were reviewed regularly and appropriately.
- There were GP leads for individual long term conditions.
- The practice utilised external specialist clinicians who attend the practice and assisted in supporting non-compliant patients.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, 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.
- We saw positive examples of joint working with midwives and health visitors.
- The practice referred new mums and children with eating problems to a weight management programme specifically for this group.
- The practice offered a sexual health awareness clinic for patients aged 14 to 19 years.
- Family planning and contraceptive advice was available.
- Any child under the age of five years was offered an appointment two days after their original consultation to reassure their parent or guardian.

Good



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

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

- 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.

Good



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group, including ‘Well man’ and ‘Well woman’ checks.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in 2015. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient’s choice.
- The practice offered catch-up and ongoing vaccination both proactive and opportunistic for students returning home.
- On line services were available for booking appointments and prescription ordering.
- The practice offered extended hours appointments until 8pm on Mondays and telephone triage for patients unable to attend during normal surgery hours.

## People whose circumstances may make them vulnerable

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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients who were also carers and same day appointments were available to this group as a priority.
- Vulnerable patients who were unable to attend the practice were contacted by telephone, or offered home visits.
- The practice worked with local pharmacies to deliver patient’s medication to their home addresses when needed.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



# Summary of findings

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% where the CCG average was 84% and the national average was 84%.
- Performance for mental health related indicators were otherwise comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 82% where the CCG average was 87% and the national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A & E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was part of a mental health triage hub, providing patients access to counselling and wellbeing psychologists.
- The GPs carried out weekly ward rounds in the local dementia care home.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages, 246 survey forms were distributed and 112 were returned. This represented a response rate of 47% which was 3% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 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% 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 41 comment cards which were all positive about the standard of care received. Patients described the standard of care as excellent and professional and that staff were caring, responsive and respectful.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also told us that it was easy to get through to the practice on the telephone and to get an appointment.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from October 2015 to March 2016 showed that 88% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to identify and support carers.

# The Oliver Street 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 The Oliver Street Surgery

The Oliver St Surgery is based at the Health Centre, 57 Oliver Street, Ampthill, Bedfordshire and has a branch Surgery at Wilstead Methodist Church, Whitworth Way, Wilstead MK45 3DB. We did not inspect the branch surgery on the day of inspection.

The practice serves a population of approximately 3,700 patients with slightly higher than average populations of females aged 35 to 39 and 45 to 49 years and males aged 45 to 70 years. There are marginally lower than average populations of patients aged 0 to 4 years and lower than average populations of females aged 70 to 85 years and over. The practice population is largely White British. National data indicates the area served is one of low deprivation in comparison to England as a whole.

The clinical team consists of two GP Partners; one male and one female, one male salaried GP, two practice nurses and one phlebotomist. The team is supported by a practice manager and a team of administrative staff. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. It is also a teaching practice, receiving medical students from the Cambridge University Medical School.

The practice operates from a purpose built property, which is shared with another GP practice and a number of community services. There is a shared car park to the rear of the surgery, with designated disabled parking spaces available.

The Oliver St Surgery is open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments are available until 8pm on Mondays. The practice offers a phlebotomy service which is available from 8am until 11.30am every other day.

The services provided at this location include midwifery, childhood immunisations, childhood surveillance, minor surgery, travel clinics, joint injections, cryotherapy, family planning, antenatal/postnatal care, sexual health, diagnostic and screening procedures, cervical screening, immunisations and minor illness.

The out of hours service is provided by Care UK and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

## Why we carried out this inspection

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

# 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 12 April 2016. During our inspection we:

- Spoke with a range of staff including GP partners, a nurse, the practice manager and a number of administrative support staff. We also spoke with patients who used the service and two members of the patient participation group (PPG).
- 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 of events, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw an example of when a change was made in medication prescribed, when an unplanned hospital admission had occurred the practice was prompt to respond and take appropriate action to ensure the affected patient was not at risk. A full investigation was undertaken and the patient received a formal written apology. Learning was shared within the practice to reduce the risk of recurrence. The practice carried out a thorough analysis of all significant events.
- The practice maintained a log of significant events and they were discussed as a standing item on the agenda for weekly clinical meetings and monthly practice meetings, to ensure that lessons learnt were shared and monitored.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that an alert was received regarding a medicine used for the treatment of high cholesterol. The practice contacted all patients affected by the alert and changed their prescribing accordingly to ensure patients were not at risk. We also saw evidence that the practice received notification that all patients with learning disabilities should be proactively encouraged to

have the flu vaccination. The practice contacted all the patients on the register and those who declined were followed up by the local specialist nurse. All notifications were discussed at the weekly meeting.

### 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. We saw that there were lists of key contacts in all consulting rooms, offices and reception available. There were two GPs who acted as safeguarding leads. 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 role. For example, we were told of an incident involving concerns about a child. Staff followed the procedures and contacted the safeguarding lead who then reported this through the system. 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 nurses were both infection control clinical leads, and had a rota system in place for daily and monthly monitoring of infection control. They liaised with the local infection prevention team 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

## Are services safe?

action was taken to address any improvements identified as a result. As the practice operated from shared premises, notes in the audit identified areas that were the responsibility of the landlord or other occupants.

- 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 Bedfordshire CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The phlebotomist was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- 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 (COSHH), 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 and the practice had 'buddy' arrangements with a neighbouring practice to ensure sufficient cover.

### 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. The practice had implemented an observation checklist to ensure good record keeping in the event of a medical emergency. This could be passed to the ambulance service if they attended and the details were also recorded in the patient record following the event.
- 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 alternative facilities that could be used in the event of an incident and emergency contact numbers for staff. A copy of this plan was kept off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 87% of the total number of points available. The practice had a GP lead for QOF and this was an agenda item at all monthly meetings. This practice was not an outlier for any QOF (or other national) clinical targets. Data from October 2015 showed:

Performance for diabetes related indicators was comparable to the Bedfordshire clinical commissioning group (CCG) and national averages. For example,

- The percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 68%, where the CCG average was 76% and the national average was 78%. Exception reporting for this indicator was 5% compared to a CCG average of 12% and national average of 12%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 82% where the CCG average was 87% and the national average was 88%. Exception reporting for this indicator was 15% compared to a CCG average of 15% and national average of 13%.
- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% where the CCG and national averages were 84%. Exception reporting was 0% compared to a CCG and national averages of 8%.
- The percentage of patients with hypertension having regular blood pressure tests was 64% which was comparable to the CCG and national averages of 84%. Exception reporting for this indicator was 4% compared to a CCG and national averages of 4%.

We saw that audits of clinical practice were undertaken, with four audits having been undertaken in the last two years. Examples of audits included:

- The practice had conducted an audit to ensure that they were correctly recording consent. There was a robust process in place and the reaudit demonstrated that the process for ensuring consent was managed correctly.

The GPs told us that clinical audits were linked to medicines management information, clinical interest, safety alerts or as a result of QOF performance.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included registers of patients with long term conditions continued to be regularly reviewed and updated following hospital admission to alert GPs if any new medicines had been prescribed and the possibility of contraindications.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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. We saw robust evidence to support staff training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma and those undertaking procedures such as ear irrigation, phlebotomy and minor surgery attended regular updates and received training to support them specifically in these roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, training needs analysis, meetings and reviews. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.

- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred to hospital or after they were discharged from hospital. If a patient had attended A&E their records were reviewed by a GP or nurse and if required the practice would provide a follow up within three days of receipt of discharge information.
- The practice held regular multi-disciplinary team (MDT) meetings that made use of the Gold Standard Framework (for patients needing palliative care) to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, Macmillan Hospice nurses and local support services. There was a multi-agency special notes sharing process in place to enable the out of hours service and hospital to ensure patients' needs were recognised. At the time of our inspection 21 patients were receiving this care.

### 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.
- Written consent forms were used for specific procedures as appropriate, scanned and stored in the patient record. The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service.
- A nurse provided smoking cessation advice to patients with the option to refer patients to local support groups if preferred.
- 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 provided contraceptive advice, including fitting of intra-uterine devices and implants.
- All patients over 75 had a named GP.
- Patients had access to a weekly physiotherapy service.

The practice's uptake for the cervical screening programme was 79% 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 for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

- 53% 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%.
- 70% 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients over 75 years old and NHS health checks for patients aged 40–74. At the time of our inspection for the period January 2013 to April 2016 the practice had completed 597 (33%) eligible health checks for people aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The PPG held quarterly meetings attended by staff from the practice. There was a formal agenda and minutes were distributed by email to members of the group and the wider virtual group. One member attended the locality PPG network meetings and fed back to the group. The chair and vice chair of the group liaised with the PPG at another local practice to share their views.

The group members assisted in the flu season by preparing letters and envelopes for invitations to be sent to patients. When surveys were undertaken they assisted in the waiting room, talking to patients explaining the reason for the surveys and gathering the information so that the practice alongside the PPG members could act on the results.

The surgery endeavoured to attract more of a cross section of patients to join the group by sending out posters to local sixth form groups, mum and toddler groups and advertised in a local magazine.

Results from the national GP patient survey published in January 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:

- 91% 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 87%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% 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%.
- 93% 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%.
- 97% 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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.

## Are services caring?

- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and available in several languages; they were also available on the practice website.
- A hearing loop was available for patients who suffered from impaired hearing.

### **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 23 patients as carers (0.6% of the practice list) The practice were actively trying to identify more carers and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card and a pack of support information. 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 further 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.

- The practice offered a 'Commuter's Clinic' on a Monday evenings until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems, for example carers of patients with learning disabilities that require same day consultation.
- The practice was part of a mental health triage hub, providing patients access to counselling and wellbeing psychologists.
- In an effort to improve attendance rates the practice had adopted a SMS reminder service, which sent a message to the patient at 1pm the day before their appointment.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A phlebotomy clinic ran daily enabling patients to have blood tests conducted locally rather than at the local hospital.
- The practice were keen to engage with younger patients and had approached local sixth form students to join the patient participation group.
- The practice held a sexual Health awareness clinics for patients aged 14 to 19 years.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in 2015. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- A prescription delivery service was available for patients unable to collect their own medication.

- The practice supported frail elderly patients in local nursing and dementia homes.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting).
- The nurses and health care assistant offered a blood pressure monitoring service.
- For children up to the age of five years the practice offered an appointment two days after their original consultation to reassure their parent or guardian. The practice provided referrals to weight management through a local scheme called 'Beezee Bodies' this was available to all patients including new mothers and children with eating problems. The practice hosted other services, including dieticians, mental health consultant, counselling, alcohol services and musculoskeletal specialist clinics.
- Flu vaccinations could be carried out at home for those unable to attend the surgery.
- The practice offered 'Well man' and 'Well woman' checks. The practice had a small number of patients from the traveller community. These patients were known by all staff who provided additional support when needed, for example when requesting prescriptions, or making appointments. In addition, the practice provided additional support to vulnerable patients including, carers, patients suffering from dementia or those experiencing poor mental health. If these patients were unable to access the practice directly staff told us that they would liaise with them over the telephone or via home visits or, if needed by requesting support from social services or community nursing teams.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments could be booked online, on the telephone or in person. Urgent appointments were also available for people that needed them and pre-bookable appointments were available up to one month in advance. Extended hours appointments were offered until 8pm on Mondays. A telephone triage service operated daily. The practice offered a phlebotomy service which was available from 8am until 11.30am every other day.

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

# Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary.
- The urgency of the need for medical attention.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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. A leaflet explaining the process, a poster and complaints forms were all available in the reception area and on the practice website.

We looked at four complaints received in the last 12 months and found they had been dealt with in an open and timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Staff were able to explain how complaints would be accepted, investigated and responded to.

We saw from the complaints log that recent formal complaints to the surgery had been responded to and that the practice's complaints process had been followed. This demonstrated that patient complaints were fully investigated and resolved, where possible, to their satisfaction.

# 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 promoted an ethos amongst staff to treat others how they would like themselves and their family or friends to be treated. The practice recognised the need to work alongside colleagues in secondary care and the Bedfordshire Clinical Commissioning Group, within their financial constraints to deliver this service. The practice was part of a local federation (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). Staff we spoke with understood these aims and demonstrated their commitment to achieve them.

### 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. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the computer system. We looked at a sample of policies and found them to be available and up to date and regularly reviewed.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients. One of the GPs was identified as the QOF lead for the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and incident reporting and actions taken as a

consequence. Staff were able to describe how events were communicated to them, how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

### Leadership and culture

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

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

- The practice gave affected patients 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 and we saw evidence of regular formal communications between the practice team.
- 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. We were told of regular social events for staff held throughout the year.
- The practice had an 'open door' policy, this was supported by a specific 'Well Being' policy for staff which included a 'changes to mood' template for staff to complete if they felt the need.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice.

# Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings for which they were able to contribute to the agenda and discussions.

## **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 patient participation group (PPG) and through surveys and complaints received. We spoke with three patients and two representatives from the PPG during the inspection. We were told the practice had an active PPG, which met quarterly. The minutes from the PPG meetings were documented and made available to anyone, including information on any actions required or taken.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were liaising with the locality and the neighbouring practices to move forward into joint working. They told us that by utilising each other's skill sets, spare rooms, and back office functions to start with they hoped to continue to offer good patient care in a challenging climate.

The population around the neighbouring practices was likely to increase substantially over the next five years with new housing developments and care homes being built. By utilising the skills and resources from local practices the practice told us they felt able and prepared to absorb the expected population growth.