

Stopsley Village Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Stopsley Village Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stopsley Village Practice on 10 December 2015. Overall the rating for the practice was inadequate (safe and well-led inadequate, effective requires improvement, caring and responsive good) and was placed in special measures for a period of six months.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection carried out on 23 August 2016; overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff were aware of their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed. Identified actions from risk assessments had been completed.

- Audits had been carried out, and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- 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.
- Staff were supported by appraisals and had personal development plans in place.
- 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.
- The practice facilities were limited due to the size of the building.
- 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 practice had kept staff and patients informed of the outcome of the previous inspection and involved them in making improvements as required.

Summary of findings

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

The areas where the provider should make improvement are:

- Implement a system to ensure a review of historical safety alerts is completed.
- Continue to identify and support patients who have caring responsibilities.
- Continue to review the facilities available for patients with mobility problems.

- Keep a record of verbal interactions with patients when dealing with significant events and complaints.
- Continue to monitor and ensure improvement to national patient survey results, for example, access to the practice via the telephone.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 were shared to make sure action was taken to improve safety in the practice.
- Additional training was completed as appropriate by staff members involved in significant events.
- When things went wrong patients received support, information, 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. Identified actions from risk assessments had been completed.
- The practice had a system in place to disseminate and take action on alerts received into the practice. However, there was not a system in place to ensure a review of historical safety alerts was completed.

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. The most recent published results showed the practice achieved 99% of the total number of points available with 7% exception reporting. This compared to the local CCG average of 95% with 10% exception reporting and the national average of 95% with 10% exception reporting.
- 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.
- Staff had received essential training including safeguarding, fire procedures, infection control and information governance awareness.
- There was evidence that all staff had received an appraisal and personal development plans were in place.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed patients rated the practice in line with 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.
- Translation services and a hearing loop were available to aid patients with communication difficulties to be involved in decisions about their care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a register of patients with caring responsibilities and had identified 52 patients as carers, which was approximately 0.5% of the practice list.

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 Luton 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.
- 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.
- The practice facilities were limited due to the size of the building. Since the previous inspection they had fitted a doorbell to alert practice staff if help was required to open the front door. Inside the practice there was limited room to manoeuvre wheelchairs, prams and pushchairs. There were no access-enabled toilets.

Good



Are services well-led?

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

Good



Summary of findings

- 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.
- The practice mission statement was displayed on the practice website.
- 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.
- The practice had identified lead roles and staff and were now aware of these. For example, they had identified an infection control lead who had completed infection control audits and liaised with the local CCG infection control lead.
- 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. Identified actions had been taken following risk assessments.
- 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 focus on continuous learning and improvement at all levels.

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.
- Home visits were offered by both the GPs and practice nurses.
- Telephone appointments were available for advice and reassurance.
- Housebound patients were able to make telephone prescription requests.

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 in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% compared to the local average of 89% and the national average of 88%.
- Longer appointments and home visits were available when needed. Urgent appointments were available for those with a rapid deterioration in their condition.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 80% 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.

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.
- 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.
- Appointments could be made and cancelled online.
- Extended opening hours appointments were available on Saturday mornings for those that could not attend during the week.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,
 - 80% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
 - 64% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 51% and the national average of 58%.

Good



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 and those with a learning disability.

Good



Summary of findings

- 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 carers and had identified 52 carers, approximately 0.5% of the total patient list.

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).

- 77% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is comparable to the CCG average of 81% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages in most areas. There were 245 survey forms distributed and 112 were returned. This was a 46% completion rate and represented approximately 1% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 82% 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 79% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 68% 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 70% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards 10 of which were positive about the standard of care received. The service was described as friendly and the staff kind and helpful. Patients commented that they were treated with dignity and respect. Two comments cards were not positive but there was no trends identified to the comments made.

We spoke with five patients during the inspection. All of the patients were satisfied with the care they received. One of the patients commented that they sometimes had difficulty getting through to the practice by telephone.

The practice made use of the NHS friends and family test. The most recent results show that 85% of 66 respondents said they would recommend the practice to their family and friends.

Stopsley Village Practice

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 adviser.

Background to Stopsley Village Practice

Stopsley Village Practice provides a range of primary medical services to the residents of Stopsley, a residential suburb of Luton, and the surrounding areas.

The practice population is of mixed ethnic background and national data indicates the area is one of mid deprivation. The practice has approximately 10,300 patients and services are provided under a general medical services contract (GMS).

The practice is led by five (4.75 whole time equivalent) GP partners, three male and two female with the support of a practice manager and an assistant practice manager. The nursing team consists of four (1.87 whole time equivalent) practice nurses and a health care assistant, all female. There are also a team of reception and administration staff.

The practice is open from 8am to 6.30pm Monday to Friday and from 8.30am to 11.30am on Saturday. The practice closes from 12.30pm to 1.30pm every Monday to allow for staff meetings and training. Patients can still contact the practice for emergencies during this time. Appointments are available from 8am to 11.30am and 2pm to 6.30pm Monday to Friday and on Saturdays from 8.30am to 11.30am.

When the practice is closed out-of-hours services are provided by the Luton Out of Hours service, which is run by Care UK and can be accessed via the NHS 111 service.

Why we carried out this inspection

We previously carried out a comprehensive inspection of Stopsley Village Practice on 10 December 2015, the practice was rated as inadequate overall. Practices placed in special measures are inspected again within six months of the final report being published.

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.

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 visit on 23 August 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the assistant practice manager, reception and administrative staff. We also spoke with patients who used the service and members of the patient participation group (PPG).

Detailed findings

- Observed how staff interacted with patients and their 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.

- The practice had a protocol in place to follow when significant events and incidents had been identified.
- There was a recording form for staff to complete if a significant event or incident occurred and they would inform the practice manager. 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, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw that the forms were comprehensively completed with learning points and identified actions documented. All the GP partners countersigned the forms to say they agreed with the findings.
- Significant events were reviewed at the clinical meetings and discussed at the monthly practice meetings that were attended by all staff.

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare Regulatory Agency) alerts, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the GPs completed additional training in certain conditions when there had been a delay in making a diagnosis.

The practice had a system in place to disseminate and take action on alerts received into the practice. However, there was not a system in place to ensure a review of historical safety alerts was completed.

Overview of safety systems and processes

At our inspection in December 2015 we rated the practice as inadequate for providing safe services as systems and

processes had weaknesses and were not fully implemented in a way to keep the patients safe. There was insufficient attention to safeguarding children and vulnerable adults. Not all staff had received essential training. The practice had not completed a risk assessment to determine if it was necessary for a Disclosure and Barring Service (DBS) check to be completed on non-clinical staff performing chaperone duties. (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). There was no cold chain policy and no recruitment policy. Patient Specific Directions (PSDs) were not signed by a GP before the health care assistant administered vaccines.

At our inspection in August 2016 we found the practice now 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 and copies of contact numbers were on the noticeboards in the reception area and consultation rooms. One of the GPs was the lead member of staff for safeguarding and all staff we spoke with knew who this was. 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, all the nursing, reception and administrative staff were trained to child protection or child safeguarding level 2 and the GPs were trained to level 3. We saw evidence that the practice communicated with the health visitor monthly and identified children at risk or in need were discussed. Vulnerable adults were discussed at the monthly multi-disciplinary team meetings.
- There were notices in the consultation room advising patients that chaperones were available if required. All staff who acted as chaperones were now trained for the role and had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

Are services safe?

be visibly clean and tidy. Cleaning schedules were in place and the nursing staff had a cleaning checklist for specific equipment. One of the practice nurses had been identified as the infection control clinical lead and they had liaised with the local CCG infection prevention team to keep up to date with best practice. They had completed an infection control audit in conjunction with the CCG and formulated an action plan to make recommended improvements. We saw evidence that this was discussed at staff meetings. There was an infection control protocol in place and all staff had now received up to date training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (PSD). At our previous inspection we were informed that the health care assistant noted which patients had received a vaccination then asked the GP to sign the PSD after they had been vaccinated. Following our inspection the practice reviewed this procedure and now all PSDs were signed by a GP before vaccinations or medicines were administered. Vaccinations and immunisations were stored in the appropriate fridge and we saw the fridge temperatures were monitored and logged daily by the nursing staff. The practice had introduced a cold chain policy that gave guidance to staff on the processes to follow to maintain the appropriate conditions to transport, store and handle vaccines.
- The practice now had a recruitment policy in place and we reviewed the personnel files of two members of staff who had been recruited since the last inspection. We found appropriate recruitment checks had been

undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

At our inspection in December 2015 we found that actions identified as a result of risk assessments had not been implemented. We now found that 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 an up to date fire risk assessment and had completed the recommended actions. They had carried out two fire drills and had identified a fire assembly point. There were two identified members of staff who acted as fire wardens and we saw evidence that the fire alarms and emergency lighting were tested weekly. All electrical equipment was checked in December 2015 to ensure the equipment was safe to use and clinical equipment was checked in November 2015 to ensure it was working properly. The recommended actions from the legionella risk assessment in January 2015 had been put in place. We saw a record that showed monthly checks of the water temperatures were done. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- 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 that enough staff were on duty. We were informed that reception staff covered each other's absences by working agreed overtime to ensure that the reception desk was fully manned at all times.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.
- New NICE guidelines were discussed at clinical meetings to ensure the GPs and nurses were up to date.
- 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 showed the practice achieved 99% of the total number of points available with 7% exception reporting. 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. This compared to the local CCG average of 95% with 10% exception reporting and the national average of 95% with 10% exception reporting.

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

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94%, with 9% exception reporting, compared to the local average of 90%, with 7% exception reporting, and the national average of 88%, with 8% exception reporting.

- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80%, with 4% exception reporting, compared to the local average of 86%, with 7% exception reporting, and the national average of 84%, with 7% exception reporting.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Annual audits were completed of patients who had had minor surgery to ensure they did not have any post-operative infections.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice ensured that patients with lowered immune systems as a result of surgery or certain medical conditions received the appropriate vaccinations to prevent infections.

Effective staffing

At our inspection in December 2015 we noted that the practice was not making use of appraisals to identify the learning and development needs of staff. None of the staff had had a formal appraisal for many years. Identifying learning and development was done on an informal basis and some of the staff we spoke with informed us there was limited opportunity to develop. Some essential training including safeguarding, fire procedures, infection control and information governance awareness had not been completed. At the inspection in August 2016 we found staff had the skills, knowledge and experience to deliver effective care and treatment.

- All staff had received an appraisal in the preceding six months which identified their learning. Development opportunities had been put in place for some staff members, for example, a new post of deputy practice manager had been created and one of the administration staff had developed into this role. Staff had access to appropriate training to meet their learning

Are services effective?

(for example, treatment is effective)

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 and nurses.

- All staff had now 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.
- 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 spoke with a new member of staff who confirmed they had received appropriate training and support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. 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.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

and updated for patients with complex needs. We noted at our previous inspection that the multi-disciplinary team meetings did not include discussions regarding patients in vulnerable circumstances or children identified as at risk or in need. At this inspection we reviewed minutes of these meetings and noted the practice was now included discussions regarding these patients at the meetings.

Consent to care and treatment

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

- Clinical staff we spoke with 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, where appropriate, recorded the outcome of the assessment.
- Written consent forms were used for most minor procedures. We were informed that they were not used for the insertion of contraceptive implants. Consent forms were scanned and kept in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, 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 member of the reception team was trained to offer smoking cessation advice.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 80% 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. There were failsafe systems

Are services effective? (for example, treatment is effective)

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. For example,

- 80% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
- 64% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 51% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 89% to 98%. The CCG average was 90% to 96% and 83% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

- The consulting rooms had a separate room leading from them with a door which provided privacy and maintained patient's dignity during examinations and treatments
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was no private area at the reception desk but staff informed us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Ten out of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a friendly service and staff were kind and helpful and treated them with dignity and respect. There were no recurring themes to the negative comments.

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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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.

Results from the national GP patient survey published July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% 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 83% and the national average of 85%.

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

Are services caring?

- 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.

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. There was a television screen in the waiting area which also provided information. Advice about support groups was available on the practice website.

The practice identified patients who were also carers, for example when they registered with the practice. An alert was put on practice's computer system to alert the GPs. Carers were referred to a Carers Development Officer at the local borough council for additional support and the practice offered them an annual flu vaccination. Written information was available to direct carers to the avenues of support available to them. The practice had identified 52 patients as carers which was approximately 0.5% of the practice list.

Staff told us that if families had suffered bereavement, the practice sent them a letter offering their condolences with a booklet that had guidance on what to do after someone dies and information regarding support groups.

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 Luton Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was open from 8am to 6.30pm Monday to Friday and offered appointments on Saturday mornings from 8.30am to 11.30am to enable patients who could not attend during normal working hours access to a GP.
- Appointments were available outside of school hours for children.
- There were longer appointments available for people with a learning disability.
- Annual health checks were available for people with learning disabilities and staff informed us they were given the option of a Saturday morning appointment when the practice was less busy to minimize distress to these patients.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone appointments were available daily for patients who could not attend the practice.
- Online appointment booking and online repeat prescription requests were available via the practice website.
- Elderly or housebound patients could request repeat prescriptions via the telephone.
- There were translation services available including access to British Sign Language interpreters for patients whose first language was not English or those with hearing difficulties. A hearing loop was available.
- There was a ramp at the entrance to the building however, there was not an automatic door. Since our last inspection the practice had fitted a doorbell to alert practice staff if help was required to open the front door. Inside the practice there was limited room to manoeuvre wheelchairs, prams and pushchairs. There were no access enabled toilets.
- Baby changing facilities were available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.30pm and 1pm to 6.30pm daily. Extended hours appointments were offered from 8.30am to 11.30am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages in some areas but better than in others.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%. This was an increase from 51% at the previous inspection. The practice utilized administrative staff to answer the telephone at peak times.
- 62% patients described their experience of making an appointment as good compared to the CCG average 67% and the national average 73%.
- 79% patients said they don't normally have to wait too long to be seen compared to the CCG average 46%, national average 58%.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All home visit requests were documented in a book by the reception staff. Urgent requests were reviewed and actioned by the duty GP. The GP telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in the waiting area of the practice and on the website.

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons

were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, customer service training has been arranged to help receptionists communicate with patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practice website. This stated the practice aimed to provide personalised, effective and comprehensive health care for all patients.
- The practice had plans for the future that included becoming a training practice.

Governance arrangements

At our inspection in December 2015 we found the practice had some governance processes in place to support the delivery of the good quality care but these were lacking in a number of areas. Particularly in relation to appraisals and staff training, systems and processes and risk assessments.

At this inspection we found 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.
- All staff had received an appraisal since the previous inspection and essential staff training had been completed.
- Practice specific policies were implemented and were available to all staff. The practice now had a recruitment policy and a cold chain policy that relevant staff were aware of and followed.
- The practice had identified lead roles and staff and were now aware of these. For example, they had identified an infection control lead who had completed infection control audits and liaised with the local CCG infection control lead.
- There was a comprehensive understanding of the performance of the practice through the monitoring of the quality and outcomes framework (QOF).
- 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. Identified actions from risk assessments had now been completed.

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. The practice was led by five GP partners with the support of the practice manager and deputy practice manager. 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 people support, information and a verbal and written apology.
- The practice kept written records of written correspondence but not all verbal interactions were recorded.

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

- Staff told us the practice held monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. They informed us that since the last inspection, all staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members

Are services well-led?

Good 

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

of staff to identify opportunities to improve the service delivered by the practice. Staff informed us that they felt supported by the management team following the inspection and during the period of special measures.

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that the recordings of telephone calls received into the practice were used for staff customer care training. The members of the PPG we spoke with commented they had noticed an improvement in the attitude of staff answering the telephone in the past few months.
- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle

that people who use NHS services should have the opportunity to provide feedback on their experience. The most recent results show that 87% of respondents said they would recommend the practice to their family and friends.

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

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. They had enlisted external help in order to address in a timely way, the issues identified at our inspection in December 2015. This had included support from the Luton Clinical Commissioning Group and the Local Medical Committee

The practice was working to become a training practice. One of the GP partners was a trainer and had been approved for training of medical students from Cambridge University.