

# Greens Norton Medical Centre

## Quality Report

Towcester Road  
Greens Norton  
Towcester  
Northants  
NN12 8BL

Tel: 01327358287

Website: [www.greensnortonandweedonmedicalpractice.co.uk](http://www.greensnortonandweedonmedicalpractice.co.uk)

Date of inspection visit: 6 October 2015

Date of publication: 17/12/2015

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	3
The six population groups and what we found	5
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Greens Norton Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greens Norton Medical Centre on 6 October. 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 the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with 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.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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.

**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.
- Staff understood their responsibilities to raise concerns
- Lessons were learned and shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had received appropriate training in relation to safeguarding children and vulnerable adults.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average for the locality.
- Best practice guidelines were used by the clinical staff to assess and treat patients' needs.
- 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 worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- A journal club was held monthly for staff to share their experiences to help improve patient care.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- The data also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.
- Patients said they felt the practice offered an excellent service and they were treated with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We observed that members of staff were courteous and helpful to patients and confidentiality was maintained.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice engaged with the local clinical commissioning group (CCG) to improve outcomes for patients.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Extended opening hours were offered with appointments available outside of school and normal working hours.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- It had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 meetings.
- There was a governance framework in place which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Regular visits were made to two local care homes.
- Flu vaccination rates for the over 65s were comparable to other services within the locality.

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 better than the CCG and national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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.

- 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 comparable to CCG averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 82% and the national average of 82%.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good 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.
- Extended opening hours were available.
- 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.
- The practice carried out NHS Healthchecks for patients aged 40-74 years.

**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 those with a learning disability. All these patients were offered an annual health check.
- One of the GPs was the named GP for patients in a local care facility for individuals with learning disabilities. Care plans were in place for these patients.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

**Good**



# Summary of findings

## 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).

- 95% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Performance for mental health related indicators was better than the CCG and national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia and had received dementia training.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing better than the local and national averages. There were 259 survey forms distributed and 119 were returned. This is a response rate of 45.9%.

- 95% found it easy to get through to this surgery by phone (CCG average 71% national average 73%).
- 93% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 86% described their experience of making an appointment as good (CCG average 72%, national average 73%).

- 70% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Staff were described as helpful, friendly and efficient and patients said they received excellent service from the GPs. The appointment system received positive comments with patients stating they could usually get an appointment when needed.

We spoke with four patients during the inspection. All four of the patients said that they were happy with the care they received. Positive comments were made about all levels of staffing including the receptionists, nursing staff and GPs.

# Greens Norton Medical Centre

## 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 Greens Norton Medical Centre

Greens Norton Medical Centre provides a range of primary medical services to the residents of Greens Norton and surrounding villages. Greens Norton Medical Centre is a registered location of Greens Norton and Weedon Medical Practice which has one other location, Weedon Medical Practice. As services are provided by the same provider some services and staff are shared across the two locations. This inspection is for Greens Norton Medical Centre only.

The practice has a dispensary that provides medications to patients who live more than one mile from a chemist.

The practice population is pre-dominantly White British with 14% of patients over the age of 70 years. National data indicates the area is one of low deprivation. The practice has approximately 5500 patients. Services are provided under a primary medical services contract (PMS).

The practice is led by three GP partners, one male and two female and they employ one salaried GP, male. The nursing

team consists of two nurse prescribers, one practice nurse and two health care assistants all female. There are also a number of dispensing, reception and administration staff led by a practice manager.

Greens Norton is a registered training and teaching practice and provides training to GP registrars. GP registrars are qualified doctors who are training to become a GP through a period of working and training in a practice. From January 2016 the practice will also be training newly qualified doctors as part of the general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training. From February 2016 they will be teaching medical students from Buckingham University. The practice is currently mentoring a district nurse with their nurse prescribing course.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 11.30am and from 4pm to 6pm daily. They offer extended opening on alternate Wednesday evenings until 8pm and alternate Friday mornings from 7am. If patients are unable to obtain an appointment at Greens Norton Medical Centre they are welcome to attend Weedon Medical Practice who offer extended opening until 8.15pm one evening a week on alternate Mondays and Thursdays.

When the practice is closed out-of-hours services are provided by the Northamptonshire GP Out of Hours service which is run by Integrated Care 24 and can be accessed via the NHS 111 service.

# Detailed findings

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2015. During our inspection we spoke with a range of staff including GPs, nurses, the practice manager and reception staff. We also spoke with patients who used the service and members of the patient participation group (PPG). We observed how staff interacted with patients during their visit to the practice. We 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 are provided for specific groups of people and what good care looks 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. Some of the data used is shared between Greens Norton Medical Centre and Weedon Medical Practice.

# 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 reporting forms were available on the practice's computer system. They said they would complete the forms and inform the practice manager of any incidents. Significant events were discussed at the weekly clinical meetings that were attended by the GPs, nursing staff and practice manager.

National patient safety alerts were received by the practice manager and cascaded to staff within the practice as appropriate.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure actions were taken to improve safety in the practice. For example, in the dispensary different strengths of medications were kept separately to avoid dispensing errors. We also saw that the disposal of confidential waste had been reviewed in response to a near miss and all staff were informed it was their responsibility to shred confidential information.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were available and accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. Staff had received training relevant to their role and were able to provide us with examples of when they would raise a safeguarding concern and their responsibilities in relation to this. The practice held multi-disciplinary meetings every six to eight weeks with the health visitors, community nurses and midwives to discuss vulnerable patients.
- There was a notice in the waiting room that advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones and had received a disclosure and barring check (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. A member of the nursing team was the infection control lead. They liaised with the local clinical commissioning group (CCG) infection control nurse to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits had not been carried out but we saw there was evidence that the practice was implementing good infection control practice, for example elbow taps, pedestal bins and laminate flooring were in use in the clinical areas.
- Spillage kits were available in the reception area and treatment rooms to deal with the spillage of body fluids such as urine, vomit and blood. Clinical waste was stored appropriately and securely and was collected from the practice weekly by an external contractor.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Standard operating procedures (SOPs) were in place for the dispensing staff to follow to ensure they adhered to the correct processes for dispensing medications. We found that these were reviewed regularly and they were all were current and up to date. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the GPs was the lead for prescribing and medicines management within the practice; they oversaw the dispensary and acted as a mentor for the nurse prescribers.
- We reviewed four personnel files and found that 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.

# Are services safe?

## 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 administration office. The practice had up to date fire risk assessments and carried out regular fire drills every six months. The practice manager was identified as the fire marshall. All electrical equipment was checked in November 2014 to ensure the equipment was safe to use and clinical equipment was checked in March 2015 to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Staffing requirements, including the number of staff and mix of staff needed to meet patients' needs, were discussed at the GP partners meetings with the practice manager. There was an arrangement in place for members of staff, including the GPs, nursing and administrative staff, to cover each other's annual leave. The practice also worked with Weedon Medical Practice to provide cover for each other, between the two locations if required. Staff informed us that this arrangement worked well.

## Arrangements to deal with emergencies and major incidents

The practice had 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. There was also a well-equipped emergency trolley in the treatment room that contained equipment to provide treatment for patients, if required, whilst waiting for the emergency services to attend. There was also a first aid kit and accident book 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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. They had systems in place to keep all clinical staff up to date. The system used had been implemented by the local clinical commissioning group (CCG) and incorporated NICE guidelines into the clinical assessment pathways. The practice used this information to develop how care and treatment was delivered to meet needs. They also used this to check that referrals made to other services followed the correct guidance.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 97% of available points compared to the CCG average of 92% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 98% and the national average of 98%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 96% and the national average of 93%.
- Performance for dementia related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 97% and the national average of 95%.

The practice informed us they had provided additional diabetes training for one of the practice nurses to help them achieve 100% for diabetes related indicators. They also regularly worked with the community diabetes nurse to help them manage more complex diabetic patients.

The practice were carrying out clinical audits to demonstrate quality improvement. Audits were completed in response to national patient safety alerts, prescribing information and following courses or training attended. For example a review of dermatology referrals had been completed by one of the GPs following training which found that patients were being referred to secondary care appropriately. We saw evidence that two full cycle audits had been completed in the last two years where the improvements made were implemented and monitored.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff had received training appropriate to their roles to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff. This included having a mentor or buddy for the first six months of employment. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw that there was an induction checklist that was completed to ensure all areas were covered.
- The learning needs of staff were identified through a system of appraisals and meetings. There was a lead GP who provided support and appraisals for the nursing staff. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. The clinical staff had ongoing support through clinical supervision and there was support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had received dementia training to help them recognise the early signs of dementia and provide appropriate care.

# Are services effective?

## (for example, treatment is effective)

- The practice informed us that they had a Journal club which was held monthly. This was where staff shared experiences to help improve patient care. Clinical staff investigated a specific topic and reported to the group current best practice.

### 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 held a wide variety of patient information leaflets that they could issue to patients to provide further information on their conditions and treatment. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to, or after they were discharged from hospital. The health visitors, district nurses and the out of hour's service had access to the patients' electronic record to ensure continuity of care. Patients with care plans were provided with their own copy to share with the out of hour's service if they required treatment when the practice was closed. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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. This included the Gillick competency and Fraser guidelines to help balance children's rights and wishes with their responsibility to keep children safe from harm.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP would assess the patient's capacity and, where appropriate, record the outcome of the assessment on the patients' electronic record.
- Written consent was obtained for all patients undergoing procedures, for example, the insertion of contraceptive implants. A consent form was used then scanned and stored on the patients' electronic record.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was provided by the nursing staff.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 82% 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 87% to 99% and five year olds from 96% to 99%. Flu vaccination rates for the over 65s were 75%, and at risk groups 48%. These were also comparable to CCG averages.

Patients had access to appropriate health assessments and checks. The health care assistants carried out health checks for new patients. There were also NHS health checks for people aged 40–74 years available by the practice nurses and health care assistants. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Health promotion posters and leaflets to take away were available in the patient waiting area. There was also health information advice available on the practice website with links to other services.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- The GPs came out of their rooms to call patients from the waiting room by name and we saw that patients were advised if the GPs appointments were running behind schedule.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- If a patient requested to speak with reception staff about sensitive issues they would use a private room.
- There was a lowered area of the reception desk that was suitable for patients in a wheelchair to speak with reception staff.

All of the 38 CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, friendly and efficient. They also commented that staff treated them with dignity and respect.

We also spoke with three members of the patient participation group. They also told us they were very happy with the care provided by the practice. They informed us that the all levels of staff were friendly and cheerful when speaking with patients both face to face and on the telephone.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average compared to the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 96% said the GP gave them enough time (CCG average 85%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 99% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

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

Patients we spoke with on the day of our inspection told us the GPs and nurses involved them in decision making about the care and treatment they received. They said there was enough time available during consultation to discuss treatment options. Patient feedback on the comment cards we received was also positive and aligned with these views.

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:

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that the majority of their patients spoke English but translation services were available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, Age UK and Cancer Research. There was information from the Alzheimers Society regarding a local memory café in the village of Greens Norton and a large display of leaflets from Macmillan Cancer Support for patients to take away.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

There was a dedicated carer's noticeboard in the waiting room with information of local services available for carers. There was also a Northamptonshire carers' bulletin available and social information for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a

condolence card. Families were directed to CRUSE, a support service for the bereaved and a code was placed on the patient computer record to alert staff at the practice the next time they visited.

# 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 local clinical commissioning group (CCG) to improve outcomes for patients in the area. One of the GP partners and the practice manager regularly attended the CCG locality meetings. The practice also worked with other practices in the area to provide enhanced services for the local population.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on alternate Wednesday evenings until 8pm and alternate Friday mornings from 7am. This enabled access for patients who could not attend during normal hours due to work commitments.
- Telephone appointments were available for those patients who could not attend the practice.
- Home visits were available for older patients and patients who would benefit from these.
- The practice visited two local care homes weekly in addition to daily visits as required.
- There were longer appointments available for people with a learning disability.
- One of the GPs was the named GP for residents of a local care facility for patients with learning disabilities. All these had care plans in place.
- Same day appointments were available for children and those with serious medical conditions.
- Disabled facilities including wide automatic doors and access enabled toilets were available. The practice had a wheelchair for patients with mobility issues to use.
- The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs.
- There were baby changing facilities and notices in the waiting area that advised a private area was available for breastfeeding mothers.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 4pm and 6pm every afternoon. Extended hours surgeries were offered on alternate Wednesdays until 8pm and alternate Fridays from 7am. If

patients were unable to obtain an appointment at Greens Norton Medical Centre they were welcome to attend Weedon Medical Practice who offered extended opening until 8.15pm one evening a week on alternate Mondays and Thursdays. 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 above local and national averages. Patients informed us they were able to get an urgent appointment on the same day and usually within one week for a routine appointment.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 86% patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 70% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the patient waiting area and on the practice website.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled in a timely way. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, GPs were allocated administration time to ensure that referrals to secondary care and other services were made in a timely manner.

# 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.

- There was a practice charter that was available to view on the website. This contained the practices values which included to treat patients and individuals and to respect their personal beliefs. It also listed the practices responsibility's to their patients.
- Staff we spoke with were aware of the practice values and informed us they respected the patients and provided the best service.

### Governance arrangements

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

- A clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff on the desktops of their computers.
- A comprehensive understanding of the performance of the practice such as through the monitoring of the quality and outcomes framework (QOF).
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements. However there were only two full cycle audits completed in the last two years.
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The practice was led by the GP partners with the support of the practice manager. The partners were visible in the practice and staff told us that they were approachable. We spoke with members of the patient participation group (PPG) on the day of the inspection who informed us there had been a seamless transition when two partners retired from the practice.

There were a variety of team meetings within the practice. These included multidisciplinary team meetings, partners

meetings and the Journal Club. Significant events and complaints were reviewed as they occurred at the clinical meetings. Some meetings were held in conjunction with Weedon Medical Practice.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff also informed us they felt respected, valued and supported, particularly by the partners in the practice.

### 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every two months who carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG worked with the practice to look at ways to accommodate the growing local community and to keep services local.
- The practice had also gathered feedback from staff through staff appraisals, informal discussions and team meetings. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a strong 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. For example, they were involved with other local practices to establish enhanced services for the local population. They were also developing a single point of access for both Greens Norton and Weedon surgeries to improve urgent access for patients.