

# Langham Place Surgery

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Langham Place Surgery on 7 July 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of good. Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. Consequently, it was good for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- We saw patients receiving respectful treatment from staff. Patients felt they were seen by supportive and helpful staff. Patients reported feeling satisfied with the care and treatment they received.

- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance to further improve patient care.
- The practice management and meeting structure ensured that appropriate clinical decisions were reached and action was taken.
- The practice appeared clean and infection control processes were adhered to.
- Systems were in place and adhered to for the appropriate management of medicines.

However, there were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure that all staff complete the essential training relevant to their roles.

**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 safe. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. A system was in place to check all medicines and to receive and store vaccinations at the required temperature. Medicines were stored securely and within their expiry dates. The practice appeared clean and infection control processes were adhered to, although we noted the last audit was not fully and correctly completed. Systems to ensure that all staff employed at the practice received the relevant recruitment checks were in place. The medical equipment at the practice was fit for purpose and received regular checks for accuracy. Arrangements were in place for the practice to respond to foreseeable emergencies.

Good



### Are services effective?

The practice is rated as good for effective. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. There was a limited programme of clinical audit at the practice to further improve patient care and the practice was working on developing this further. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. Clinical staff were aware of the process used at the practice to obtain patient consent and were informed and knowledgeable on how to obtain advice and guidance on the requirements of the Mental Capacity Act (2005). The skills, abilities and development requirements of staff were appraised and the practice was proactive in ensuring staff learning needs were met.

Good



### Are services caring?

The practice is rated as good for caring. On the day of our inspection we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Accessible information was provided to help patients

Good



# Summary of findings

understand the care available to them. Patients told us they felt listened to and included in decisions about their care. They said they were treated with dignity and respect and were positive about staff behaviours.

## Are services responsive to people's needs?

The practice is rated as good for responsive. There were services targeted at those most at risk such as older people and those with long term conditions. As much as possible in a listed building, the premises and services were adapted to meet the needs of people with disabilities. At the time of our inspection, appointments, including those required in an emergency were available, although there could be a considerable wait for pre-bookable appointments. The practice used a number of methods to ensure patients had access to resources and information. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience. The practice tackled inequity by identifying and addressing the specific communication needs of patients and enabling their full access to services. There were face-to-face translation services including a signing interpreter. A dedicated email address was established for a patient who could not speak. This was checked twice each day by staff. Clinical teams from the practice attended Fresher's week events to register students. Each Wednesday in October the nursing team provided drop-in clinics to enable students to receive health checks, chronic disease screening and Chlamydia screening.

Good



## Are services well-led?

The practice is rated as good for well-led. Staff felt engaged in a culture of openness and consultation. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. The practice sought feedback from patients and staff and listened to representatives of the patient population. Staff were supported by management and a system of policies and procedures that governed activity.

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 population group of older people. The practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced services were provided such as those for patients with dementia and end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations.

Good



### People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. All newly diagnosed patients with diabetes were referred appropriately. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP and nurse leads for a range of long term conditions.

Good



### Families, children and young people

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and protecting patients at risk of abuse. There were six week post-natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours. A range of contraceptive and family planning services were available at the practice. The premises was suitable for children and babies.

Good



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

The practice is rated as good for the population group of working age people (including those recently retired and students). The practice offered online services such as appointment booking and repeat prescriptions. There was some additional out of working hours access to meet the needs of working age patients with extended opening hours every Saturday from 8am to 11am. Routine health checks were available for patients between 40 and 74 years old. Clinical teams from the practice attended Fresher's week events to register students. Each Wednesday in October the nursing team provided drop-in clinics to enable students to receive health checks, chronic disease screening and Chlamydia screening.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held registers of patients living in vulnerable circumstances including those with learning disabilities. Patients with a learning disability received an annual health review. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. There were clinical and non-clinical staff leads for carers. Staff knew how to recognise signs of abuse in vulnerable people and were aware of their responsibilities in raising safeguarding concerns. The practice tackled inequity by identifying and addressing the specific communication needs of patients and enabling their full access to services.

Good



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

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a care plan specific to their needs and an annual health check. Mental health wellbeing and support workers were available at the practice and patients could be referred to them by the clinical staff. The nurses at the practice had received dementia training and mental health training updates. The practice had GP and nurse leads for mental health and depression.

Good



# Summary of findings

## What people who use the service say

During our inspection, we spoke with 12 patients, reviewed 10 comment cards left by them and spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and treatment they received at the practice was good. They said they felt staff were supportive, kind and helpful and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

The results of the national GP survey for 2014 showed that 91.4% of the 120 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. The results of the practice's own patient survey completed in December 2014 showed that of the 262 respondents, 90.5% felt staff at the practice were good to excellent at demonstrating care and concern to patients.

The friends and family test results from May 2015 showed that 85% of respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

However, opinion was mixed among the patients we spoke with or who left comments for us about making and waiting for appointments. Some said the wait for a pre-bookable appointment was too long. Others said it was reasonable. Patient responses in surveys from last year were more positive. Results from the national GP patient survey in 2014 showed that 84.1% felt their experience of making an appointment was good. This was above average when compared to the rest of England (73.8%). The results of the practice's own patient survey completed in December 2014 showed that 77% of the 262 respondents rated their overall satisfaction of the appointments system as good to excellent.

## Areas for improvement

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

Ensure that all staff complete the essential training relevant to their roles.

# Langham Place Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP and nurse practitioner acting as specialist advisers and an Expert by Experience (a person with experience of using health care services).

### Background to Langham Place Surgery

Langham Place Surgery provides a range of primary medical services from premises at 11 Langham Place, Northampton, NN2 6AA. It is a training practice. The practice serves a population of approximately 9,980. The area served is no less or more deprived compared to England as a whole. The practice population is mostly white British with notable communities from Central and Eastern Europe and some Asian and African countries. The practice serves a below average population of those from five to 14 and those 45 and older. There is a significantly above average population of those between 20 and 34. This is mainly due to the large local student population at the University of Northampton.

The clinical staff team includes three male and two female GP partners, two salaried GPs, one trainee GP, two nurse prescribers, two practice nurses and two healthcare assistants. The team is supported by a practice manager, deputy manager and 14 other administration, reception and secretarial staff.

### Why we carried out this inspection

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

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

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.

### How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 7 July 2015. During our inspection we spoke with a range of staff including four GP partners, one salaried GP, one trainee GP, two nurses, one healthcare assistant, the practice manager and members of the reception and administration teams. We spoke with 12 patients and two representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services



# Detailed findings

provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 10 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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)

# Are services safe?

## Our findings

### Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice.

The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

The monthly significant events meeting was used for senior staff to review and take action on all reported incidents and events. The minutes of the meetings we looked at demonstrated the practice had managed these consistently over time. The staff we spoke with who attended the meeting were all able to recount the details of recent incidents and events discussed. All staff directly involved in specific incidents and events said they were kept fully informed and updated of related discussions, learning and action points. Details of any discussions and decisions made in the significant event meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on incidents and significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice and other issues. From our conversations with staff and our review of meeting minutes we found that incidents and events were discussed at dedicated monthly meetings. This included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that through the minutes kept, the practice maintained a log of all incidents and events which included a record of the learning points, the action taken to prevent recurrence and the reviewed effectiveness of that action.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. The staff we spoke

with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

### Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies and protocols in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff received the highest level of safeguarding and child protection training regardless of their roles.

We spoke with staff about the details of some recent safeguarding concerns raised at the practice. We found the practice response adhered to its own policies and protocols. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk. All safeguarding issues were discussed at a dedicated monthly meeting involving a multi-disciplinary team including external healthcare professionals.

From our conversations with staff and our review of training documentation we found that non-clinical staff at the practice were trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception and administration staff would act as a chaperone if nursing staff were not available. The staff in those teams we spoke with understood their responsibilities when acting as chaperones. We saw that all the nursing team and trainee GP staff had received a criminal records check. For the GP partners, the practice used the checks completed as part of their professional registration and revalidation. As part of this process, the relevant bodies check the fitness to practise of each individual.

Non-clinical staff had not received criminal records checks. We saw that in 2014 the practice had completed a risk assessment which determined it was not necessary. The

## Are services safe?

justification was that during any chaperone duties, non-clinical staff were not left alone with patients. From our conversations with staff, we found this policy was strictly adhered to.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry dates and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Processes were in place and followed to ensure prescription forms were tracked and kept securely at all times.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. Controlled drugs were stored in a dedicated cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. The practice had clear systems in place to monitor the prescribing of controlled drugs. Staff were aware of how to raise concerns around these medicines with the controlled drugs accountable officer in their area.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

### Cleanliness and infection control

We saw that the practice appeared clean. We saw there were cleaning schedules in place and the cleaning records we looked at demonstrated these were adhered to. Hand

wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

The practice had a comprehensive policy on infection control issues. From our conversations with staff and our review of documentation we found that most staff had received infection control training. However, some staff had not received the training in accordance with the practice's own policy. This required regular on-going training beyond the induction period. All the staff we spoke with were knowledgeable about infection control processes at the practice. The practice had a nominated lead for infection control issues. The lead was clear on their additional responsibilities and staff were clear on who the lead was.

A documented audit of cleanliness and infection control issues at the practice was completed in May 2015. We noted some parts of the audit were incomplete and where action was required this was not always clearly recorded. However, we found the practice appeared clean and staff were adhering to infection control procedures.

A Legionella risk assessment (Legionella is a bacteria that may cause Legionnaire's disease) completed at the practice in August 2012 identified some risks including water temperatures being outside the acceptable range and a lack of water temperature monitoring at the practice. We saw the practice had responded by completing all the necessary actions and maintained records to demonstrate this.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw documentary evidence of the annual calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested and the relevant report was available to demonstrate this.

### Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service

## Are services safe?

could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

We looked at five staff records. They contained evidence that the appropriate recruitment checks such as previous working references and eligibility to work in the UK were undertaken prior to employment. All the checks were completed in line with the practice's own recruitment policy. All clinical staff at the practice had received a criminal records check. For the GP partners this was done using their professional registration and revalidation process and as part of NHS England's checks before adding them to the performers' list. As part of this process, the relevant bodies check the fitness to practise of each individual. All non-clinical staff had been risk assessed as not requiring a criminal records check.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included dealing with emergencies, medicines management, medical equipment and the health and safety (including fire safety) of the environment, staff and patients.

The staff we spoke with demonstrated a good understanding of their roles and responsibilities towards health and safety, fire safety and dealing with emergencies among other things. Our review of documentation showed these issues were part of the essential training requirement

for all staff and that appropriate policies and risk assessments were available. Action was taken on all risk recommendations made by external contractors and safety services.

A dedicated monthly meeting was used for senior staff to review and take action on all reported risks, incidents and events. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

### Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a business continuity and recovery plan in place. This covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan. The plan was implemented on the day of our inspection due to a power failure and normal service was maintained throughout.

There was documentary evidence to demonstrate all staff at the practice had completed cardiopulmonary resuscitation (CPR) training. The practice provided emergency medical equipment that was easily accessible to staff. We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment and emergency drugs were within their expiry dates. Documented checks on the equipment were available and completed regularly.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

The GPs told us they led in specialist clinical areas such as asthma, diabetes and chronic obstructive pulmonary disease and the nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

### Management, monitoring and improving outcomes for people

The practice had a limited system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of full cycle clinical audits included those on minor surgery diagnoses and the documentation of children presenting with pyrexial illness. We found the data collected from both audits had been analysed and clinically discussed and the practice approach was reviewed and modified as a result. Other full cycle clinical audits were available, but were all related to the requirements of individual GPs' appraisal and revalidation.

The practice had identified and acknowledged that a practice programme of clinical audit was lacking and we saw that action was being taken to rectify this and bring these into one programme.

The team was making use of clinical audit, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around quality improvement.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. It achieved 97.1% of the total QOF target in 2014, which was above the national average of 94.2%. The performance for diabetes, hypertension and mental health related indicators was similar to the national average.

### Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations of staff at the practice were up-to-date. All the GPs had been revalidated or had a date for revalidation and as part of this process, the relevant bodies check the fitness to practise of each individual. We saw there was a good skills mix among the GPs with additional training completed in areas such as minor surgery, cardiology and family planning.

We saw that a system of essential training (training that each staff member is required to complete in accordance with the practice's own requirements) was in place for staff. Our review of training records showed that most staff had completed most of the training within the required timescales. Safeguarding training was particularly well adhered to by staff, although not all staff completed infection control training in the timescales required by the practice.

# Are services effective?

## (for example, treatment is effective)

Practice nurses and healthcare assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, all the nurses were up-to-date with cervical cytology training.

From our conversations with staff and our review of documentation we saw that all staff had received an appraisal of their performance and competencies in the past year. We looked at some examples and saw that there was an opportunity for staff to discuss any learning needs. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

### Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and radiology results and pathology reports to be received electronically. These processes allowed for patients requiring follow up to be identified and contacted. All the staff we spoke with understood how the system was used and we saw this was working well.

The practice held multi-disciplinary team meetings to discuss the needs of complex patients. This included those with end of life care needs. Twice monthly meetings were attended by the GP partners and district and hospice nurses to discuss palliative care (end of life) and other high level care patients. We saw that the issues discussed and actions agreed for each patient were recorded.

### Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the

system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw that all scanning at the practice was cleared on a daily basis.

### Consent to care and treatment

Our review of training records showed that all clinical staff at the practice had completed training in the Mental Capacity Act (2005) within the past year. However, some of the staff we spoke with demonstrated a better understanding of the MCA and its implications for patients at the practice than others. Those with a more limited understanding were clear on where and how to access guidance and advice. From our conversations with clinical staff we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. Clinical staff were also aware and demonstrated a good understanding of the Gillick (Fraser) competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

There was a practice policy for documenting consent for specific interventions. The clinical staff we spoke with were clear on the requirements of the policy and when documented consent was required. We saw examples of documented patient consent for recent patient procedures completed at the practice.

### Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between 40 and 74 years old. At the time of our inspection, for the 2014/2015 year, the practice had invited 262 patients for their health check and 105 had accepted and received the check. Since the scheme started at the practice in July 2012, 807 patients had been invited of whom 300 had accepted and received their checks.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions



## Are services effective?

(for example, treatment is effective)

(chronic diseases). The GP partners shared the lead roles with nominated nurses for patients with diabetes, asthma and chronic obstructive pulmonary disease (COPD) among others.

The practice maintained a register of all patients with learning disabilities. Of the 57 patients on the register, 28 had received a health check review in the 2014/2015 year. Of the 44 eligible patients on the dementia register in the year ending 31 March 2015, 37 had received their annual review.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area and throughout the practice.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. The practice had 1,270 patients aged over 65. Of those, 866 (68.1%) had received the flu vaccine in the 2014/2015 year.

All nurses at the practice were trained to provide and carry out cervical cytology. They had all completed their update training. A system of alerts and recalls was in place to provide cervical screening to women aged 25 years and older. At the time of our inspection there was a 76.6% take up rate for this programme over the past five years (1,872 of 2,443 eligible patients).

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of patients receiving courteous and helpful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas. The results of the practice's own patient survey completed in December 2014 showed that of the 262 respondents, 96.1% felt the respect shown to them by staff was good to excellent.

We spoke with 12 patients on the day of our inspection, all of whom were positive about staff behaviours and the very good clinical care they felt they received. They said they felt treated with dignity and respect by staff at all times. A total of 10 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were supportive, kind and helpful and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard. The results of the practice's own patient survey completed in December 2014 showed that of the 262 respondents, 88.9% felt respect for their privacy and confidentiality was good to excellent.

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

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. The 12 patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments

left for us by 10 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive.

The results of the national GP survey for 2014 showed that 80.1% of the 120 respondents felt the GPs at the practice were good at involving them in decisions about their care. The national average was 81.5%. The GPs were considered to be good at listening by 89.4% of patients who responded. This was slightly above the national average of 88.6%. The results of the practice's own patient survey completed in December 2014 showed that of the 262 respondents, 94.2% felt the explanations about their care and treatment they received from clinical staff were good to excellent.

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

The results of the national GP survey for 2014 showed that 91.4% of the 120 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. The results of the practice's own patient survey completed in December 2014 showed that of the 262 respondents, 90.5% felt staff at the practice were good to excellent at demonstrating care and concern to patients. The feedback we received during our conversations with 12 patients and review of the comments left for us by 10 patients was consistent with the survey responses.

All patients receiving palliative care were discussed at twice monthly multi-disciplinary team meetings. The recently bereaved were discussed at one of the practice's weekly meetings. From speaking with staff, we found that all the GPs made contact with the family of each deceased patient offering the practice's condolences and an invitation to approach the practice for support. The senior staff we spoke with knew of the availability of a local counselling service (including bereavement counselling) and the practice referred patients requiring such support to them. Three well-being workers and a mental health support worker were based at the practice at various times in the week. Patients could access these to obtain counselling and advice through referral from the GPs and nurses.

Patients in a carer role were identified where possible. The practice maintained a register of 115 patients who identified as carers. This information was mainly sourced



## Are services caring?

from patients upon registering with the practice or during their consultations with the GPs. The practice reviewed the register every six months to ensure it was up-to-date. Staff told us those patients on the register had access to priority appointment booking. We saw information aimed at carers

provided on the practice's website and displayed in the waiting area on a dedicated noticeboard. This gave details of the local support available among other things. A comprehensive carers' information pack was available from reception.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a specialised care plan, a named GP and an annual review. At the time of our inspection, 154 patients (1.9% of the practice's patient population over 18) were receiving such care. There was also a palliative care register of 13 patients at the practice with regular multi-disciplinary meetings to discuss those patients' care and support needs.

Smoking cessation services including advice were provided at the practice by trained healthcare assistants. At the time of our inspection, over the previous two years smoking cessation services were offered to 2,130 of the 2,292 known smokers in the practice patient population. Intervention was accepted by 219 of those patients, all of whom had received advice or referral from the practice at the time of our inspection.

The practice was aware of the high number of students in its patient population from the nearby University of Northampton. Clinical teams from the practice attended Fresher's week events to register students. Each Wednesday in October the nursing team provided drop-in clinics to enable students to receive health checks, chronic disease screening and Chlamydia screening. These sessions did not require an appointment.

We saw that patients with diabetes received an annual health review at the practice. All newly diagnosed patients with diabetes were referred to the DESMOND service (a specialist service that helps to meet the needs of newly diagnosed patients with diabetes) and for diabetic eye screening.

At the time of our inspection 51 patients were on the practice's register of patients with dementia. Those

patients received a care plan specific to their needs and a named GP. The practice also maintained a register of patients with learning disabilities and provided annual health reviews to those patients.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. From our conversations with PPG members and our review of some PPG meeting minutes, it was clear the group was very engaged with the practice.

### Tackling inequity and promoting equality

We found that most staff at the practice had completed equality and diversity training within the past year. We saw that as far as possible in a listed building the premises and services were adapted to meet the needs of people with disabilities. Most of the areas where clinical services were provided were accessible to all patients. Where access was not possible for all (such as for those patients using wheelchairs), arrangements were in place and adhered to by staff to ensure clinical services were available in the appropriate areas of the practice. A lift was provided to the basement for those patients with mobility issues. A call point was provided at the main entrance so that patients using wheelchairs could call for a temporary ramp (available at reception) to be installed. We found that the waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

There were male and female GPs in the practice and patients could choose to see a male or female doctor. An external translation service was available to the practice. In the five weeks before our inspection it was used 11 times, mainly by Polish and Russian speaking patients. The translation service was provided on a face-to-face basis as opposed to by telephone. A signing interpreter was also available and a hearing loop was provided in reception for those patients who may need it. We saw the practice had recently established a dedicated email address so that a patient who could not speak was able to contact the practice. This was checked twice each day and any messages were passed to the patient's named GP or the duty doctor.

### Access to the service

# Are services responsive to people's needs?

## (for example, to feedback?)

On the day of our inspection we checked the appointments system and found the next routine bookable appointment to see any GP was at least 18 working days away. However, each GP's morning schedule allowed for 10 appointments bookable on the day. We saw that the appointments system was structured to ensure that a nominated GP was able to complete home visits every day. The system ensured that all urgent cases were seen on the same day and each GP was able to complete telephone consultations.

The practice was open from 8am to 6.30pm Monday to Friday and from 8am to 11am every Saturday. This provided some additional access to the practice for those who found attending in normal working hours difficult. The practice was closed every Thursday from 12.30pm to 1.30pm. During this time the phone lines stayed open with a recorded message informing patients of the out of hours provider. The emergency phone was always answered.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

During our inspection, we spoke with 12 patients and read the comments left for us by 10 patients. Of those who commented on the appointments system and access to the practice, patient opinion was divided. An equal number said it was a reasonable system as those who said getting an appointment was difficult and frustrating. Some patients said the wait for a pre-bookable appointment could be three weeks or more and that appointments released on the day were often gone by 8.15am

Results from the national GP patient survey in 2014 were more positive. They showed that 64% of patients felt they didn't have to wait too long to be seen at the practice. This was above average when compared to the rest of England (57.8%). Of the 120 respondents, 84.1% felt their experience of making an appointment was good. This was also above average when compared to the rest of England (73.8%).

The results of the practice's own patient survey completed in December 2014 showed that of the 262 respondents, 68% rated the opportunity to see a GP within 48 hours as good to excellent. Those rating their overall satisfaction of the appointments system as good to excellent were 77% of respondents.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. During our inspection we saw there was a complaints procedure available and there was a designated responsible person who handled all complaints in the practice. The weekly business meeting was used for senior staff to discuss and take action on all reported complaints.

We saw that information was available to help patients understand the complaints system. A leaflet containing information on how to complain was available from reception and through the practice's website. An overview of the practice's complaints procedure was also available online. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with 12 patients, none of whom had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints from 2014/2015. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure. The action and learning points for all the complaints received by the practice were documented.

# 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

From speaking with staff and our review of documentation, we found the practice had a mission statement to promote traditional values of patient care, combining up-to-date methods and quality standards with a holistic approach. The strategy was to provide quality patient care in line with the statement. To assist in achieving this, the GP partners, practice and deputy managers and lead nurse developed a three year business plan from May 2015. Areas for development included staffing, premises, patient services and information technology. The practice was committed to embracing new technology in providing quality patient care.

Staff told us they were involved in discussions about the practice's direction and strategy. They said this made them feel valued and supported and provided them with the opportunity to discuss relevant issues that affected them as staff and also their patients.

The weekly practice business and quarterly strategic meetings were used for senior staff to monitor and review the strategic direction of the practice. Discussions had and decisions made at those meetings were cascaded to staff through a range of team conversation with senior staff, update emails and other staff team meetings.

### Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers supported by the practice and deputy managers. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this. All staff contributed to practice processes and issues through a range of staff team meetings.

The practice had a comprehensive system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were reviewed and up-to-date and we found these were adhered to by staff.

The practice had arrangements for identifying, recording and managing risks. A range of general and dedicated practice meetings were used for senior staff to review and take action on all reported risks, safeguarding concerns,

incidents, events and complaints. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of update emails and staff team meetings.

The practice had a system in place for reporting, recording and taking action on significant events. From our conversations with staff and our review of meeting minutes we found that incidents and events were discussed at dedicated monthly meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that through the meeting minutes, the practice maintained a log of all incidents and events which included a record of the learning points and action taken to prevent recurrence.

### Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with epilepsy, osteoporosis and chronic heart disease among others. There were also nurse led clinics for travel advice, Chlamydia screening and vaccinations and nominated nurse leads for such things as infection control. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt fortunate to be part of a supportive and friendly team.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of meetings and protected learning at the practice for individual staff groups, multi-disciplinary teams and all staff to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings. They said they felt their views were respected and considered.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a patient participation group (PPG) of six members which met quarterly. The PPG is a group of patients who work

# Are services well-led?

Good 

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

with the practice to discuss and develop the services provided. We saw that through meetings or emails the group was able to feedback its views on a range of practice issues. We spoke with two members of the PPG who said the group had very good and open working relationships with practice staff. They said the PPG was treated as a valuable resource by the practice. We saw the PPG was integral in developing the practice's last patient survey.

The practice had completed its last patient survey in December 2014 and responses were received from 262 patients. The results showed that when asked about their last visit to the practice, 93.9% of respondents thought it was a good to excellent experience. In response to the survey, the PPG worked with the practice to develop an action plan agreed by them in March 2015. This included improving telephone access to the practice. As a result, new telephone lines were installed for the GPs and practice manager to ensure the existing line was dedicated to the reception team and answering patient calls.

We saw a comments and suggestions box was provided in the waiting area for patients to use. Any comments and suggestions made were reviewed initially by the practice manager and then by the PPG. We looked at how the practice had made a recent change to protect patient privacy following a suggestion made in this way.

The staff we spoke with said patient complaints and other patient feedback was discussed in their meetings so they

were clear on what patients thought about their care and treatment. They said the schedule of various practice and staff team meetings also provided them with an opportunity to share their views on the practice.

## Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively. For clinical staff, this included access to target days for learning on set topics.

From our conversations with staff and our review of documentation we saw that all staff received regular appraisals of their performance and competencies. The examples we looked at showed these were an opportunity for staff to discuss any learning needs and their professional development. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

A system was in place for senior staff to review and action all reported risks, incidents, events and complaints. The evidence we reviewed demonstrated that all incidents and events were discussed. This included discussion on how the incidents could be learned from.