Park Avenue Medical Centre

Quality Report

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Date of inspection visit: 4 July 2016
Date of publication: 05/10/2016

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Avenue Medical Centre on 4 July 2016. Overall the practice is rated as requires improvement.

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

- There was an open approach to safety and a system in place for reporting and recording significant events.
- We found some risks to patients were assessed and well managed, with exceptions. These included those relating to Disclosure Barring Service (DBS) checks for non-clinical staff undertaking chaperone duties, assessment of the risk of Legionella and regular monitoring of those prescribed with high risk medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Whilst patients said they found it difficult to make an appointment by telephone, patients said they were able to see a named GP. There was continuity of care, with urgent appointments available the same day for those who needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises had been extensively renovated.
- There was a clear leadership structure and staff said they felt supported by management. The practice proactively sought feedback, which it acted on.
- The provider complied with the principles of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- The provider must ensure the arrangements are in place for identifying, assessing and mitigating risk in relation to non-clinical staff undertaking chaperone duties. This includes risk assessment of whether DBS checks are required.
- Implement an effective system to ensure patients prescribed with high risk medicines are monitored appropriately.
- Ensure a Legionella risk assessment is undertaken and arrangements are in place to identify, assess and manage all risks associated with the premises.

The areas where the provider should make improvement are:

- Review how significant events and incidents are identified, documented and learning is shared.
- Continue to monitor Quality and Outcomes Framework (QOF) exception reporting to ensure clinical effectiveness.
- Review its arrangements for making contact with bereaved families to offer appropriate support.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events which involved practice management being notified verbally or by way of a computer task message. Staff knew what to do if an incident occurred.
- Lessons were shared to make sure action was taken to improve safety in the practice. Records reviewed included analysis of the events with learning outcomes to prevent risks of reoccurrence.
- When things went wrong patients received information, reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although some risks to staff and patients were assessed, such as safeguarding and the practice's ability to respond to emergencies, the systems and processes to address all risks needed to be strengthened to ensure staff and patients were kept safe. For example, the practice needed to implement formal risk assessment processes in relation to DBS checks for non-clinical staff undertaking chaperone duties and Legionella.
- The practice had not ensured routine monitoring of a number of patients taking high risk medicines. We undertook review of anonymised patient records where methotrexate, lithium and ACE inhibitors (medicines used to treat high blood pressure) had been prescribed. We found inconsistent monitoring in place. 78% of patients prescribed with methotrexate had received a recent blood test. 82% of patients taking ACE inhibitors had received a blood test in the previous 13 months. 50% of patients taking lithium had received a recent blood test.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and comparable with the national average. The practice had achieved 99% of available QOF points in 2014/15. The practice's overall exception rate reporting was 16% which was above the CCG average of 10.7% and national average of 9.2%. The practice told us they had invested resource to increase activity and reduce exception reporting within the last year.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute for Health and Care Excellence (NICE).
- Clinical audits demonstrated quality improvement including improved patient outcomes. For example, national guidance led to an audit involving patients prescribed with a particular medicine. This resulted in a change to all patients' medicines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for several aspects of care. This included 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. Data also showed that 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- Patient satisfaction scores were lower for how patients evaluated the service provided by reception staff. 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. Action had been taken by the practice in response.
- The majority of patient feedback received from comment cards we reviewed showed patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified 176 of its patients as carers.(1.7% of the practice list).
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group to secure improvements to services where these were identified. The practice operated a daily telephone triage system for all patients who wanted to be seen urgently.

- Patient satisfaction scores regarding access arrangements were generally lower than local and national averages. For example, 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%. Patients did however find it easier to see their preferred GP. 66% patients were usually able to see or speak to their preferred GP compared with the CCG average of 54% and national average of 59%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had recently undergone extensive renovation and had disabled parking, disabled toilet and an automatic door installed.
- Information about how to complain was available and easy to understand. Records showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders where appropriate.

Are services well-led?

Requires improvement 

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Although a governance framework was in place, some aspects required strengthening such as risk management.
- The provider complied with the principles of the duty of candour, although some processes required strengthening in relation to the adoption of policy and associated training. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice cared for a number of patients living in residential homes and frequent visits were made to see these patients. We spoke with care home managers who were positive regarding the effectiveness of the practice doctors in providing care and told us they were approachable and responsive to the needs of these patients.
- The practice had undertaken an audit of particular medicines prescribed to care home residents who had mental health illnesses. This was to assess whether these medicines were still appropriate for use based on guidance issued. All patients were reviewed and changes to prescribing were made where appropriate.
- The practice had achieved over 5% reduction for non-elective hospital admissions within the previous 12 months for care homes residents.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data showed the practice was performing above average for its achievement within 11 diabetes indicators. The practice achieved 96% of the available QOF points compared with the CCG average of 92% and national average of 89%.

Summary of findings

- Exception rate reporting was significantly above CCG and national averages in relation to some areas of practice. Exception reporting in 2014/15 for one asthma related indicator was 35.6% which was above the CCG average of 9.2% and national average of 7.5%.
- Data supplied by the practice for 2015/16 showed that whilst some exception reporting had increased, for example, hypertension, other areas had reduced such as asthma and chronic obstructive pulmonary disease (COPD). The practice had adopted a new protocol to encourage its patients to attend for annual reviews and this had positively impacted in the reduction of some exception reporting.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- 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 for all standard childhood immunisations ranged from 86% to 100%. This was comparable to CCG averages which ranged from 60% to 98%.
- Patients were treated in an age-appropriate way and were recognised as individuals, and we found evidence to support this.
- Appointments were available outside of school hours and the premises which had been recently renovated were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. Records showed that the practice had adopted a robust approach to safeguarding children.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- 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. Appointments were available with doctors and nurses on Tuesday mornings from 7.30am and monthly clinics held on a Saturday were provided. Telephone consultations were available which benefited those patients who could not attend the practice for a face to face consultation.
- 88% of women aged over 25 but under 65 had received a cervical screening test in the previous five years. The practice was performing above the CCG and national averages of 82%, although exception reporting was also above local and national averages.
- 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. This included NHS health checks.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 55 patients on the learning disability register, and all of these had been offered an annual health check in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Documentation supported that patients received ongoing care and support from the appropriate health care service(s).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. We saw information displayed which included help for those affected by domestic violence and female genital mutilation. (FGM). A variety of information was also made available for men's health.

Summary of findings

- A substance misuse clinic was provided at the practice which enabled those affected patients to have a single point of access to receive ongoing treatment and support.
- Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 176 patients as carers (1.7% of the practice list).

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- 94% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 91% and above the national average of 88%. Exception reporting was in line with CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice provided an in-house primary care liaison worker to help those with mental health problems. A wellbeing team was also available in the premises on a weekly basis.
- 99% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 85% and national average of 84%. Exception reporting was in line with the CCG and national average.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing generally below local and national averages. 273 survey forms were distributed and 106 were returned. This represented 39% response rate.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, 11 of which were positive about the standard of care received. Comments included that staff were caring, professional and treated patients with dignity and respect. We reviewed four comments which contained mixed feedback. Whilst some members of staff were praised for their effectiveness, two members of staff were reported as being uncaring and unhelpful. One comment included that it was difficult to make an appointment by telephone. A further comment made reference to long waiting times on arrival at the practice.

Friends and Family test results published on the practice website showed that whilst four patients would recommend the practice, eight were unlikely to.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure the arrangements are in place for identifying, assessing and mitigating risk in relation to non-clinical staff undertaking chaperone duties. This includes risk assessment of whether DBS checks are required.
- Implement an effective system to ensure patients prescribed with high risk medicines are monitored appropriately.
- Ensure a Legionella risk assessment is undertaken and arrangements are in place to identify, assess and manage all risks associated with the premises.

Action the service SHOULD take to improve

- Review how significant events and incidents are identified, documented and learning is shared.
- Continue to monitor Quality and Outcomes Framework (QOF) exception reporting to ensure clinical effectiveness.
- Review its arrangements for making contact with bereaved families to offer appropriate support.

Park Avenue 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 adviser.

Background to Park Avenue Medical Centre

Park Avenue Medical Centre is located in an urban area in the north of Northampton close to Spinney Hill. It is approximately 2.5 miles from Northampton Town Centre. There is direct access to the practice by public transport and limited parking is also available on site. Public parking is also available on the street within the vicinity of the practice. The practice had recently undergone extensive renovations to modernise the existing building used. This included a redesign of the reception area, new flooring and improvements in entrance access and treatment areas.

The practice currently has a list size of approximately 10,074 patients.

The practice holds a General Medical Services (GMS) contract which is a locally agreed contract between NHS England and GP Practices to deliver care to the public. The practice provides GP services commissioned by NHS Nene CCG. (A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services).

The practice is situated in an area with average levels of deprivation. It has a higher than national average older adult population who have reached retirement age. A lower number of those registered at the practice, 52% are in paid work or full time education compared with the CCG average (64%).

The practice is currently managed by four GPs (two male, two female). One works on a full time basis, and three work part time. The practice also has two salaried GPs (male and female) who work on a full time basis. They are supported by further clinical staff; one female part time nurse practitioner, two female part time practice nurses and three female health care assistants (one full time, two part time). The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The practice is a training practice for trainee GPs. One trainee doctor had recently completed their time at the practice and at the time of our inspection, there were no other trainee doctors currently working there.

The practice is open Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays, Wednesdays, Thursdays and Fridays from 8.30am to 6.30pm. On Tuesdays appointments are available from 7.30am. The practice also opens on one Saturday each month.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends (except for one monthly Saturday clinic). During these times GP services are currently provided by South East Health. When the practice is closed, there is a recorded message giving out of hours details.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 July 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice manager, administrative staff).
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents which were verbally reported or communicated via a task message on the practice's computer system. The practice manager undertook any preliminary enquiries and included details of the incident for discussion on the practice meeting agenda.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and documentation we reviewed showed that the practice followed principles associated with the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We reviewed investigation reports, patient safety alerts, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident, a procedure was adopted by the practice which involved more restricted prescribing of particular medicines to prevent risk of patient misuse. We noted however that the practice did not have a policy or structured reporting document for the reporting of significant events.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, although we noted exceptions.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice also referred any concerns to a multi-agency safeguarding hub. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to an appropriate level to manage safeguarding children concerns (level three).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Clinical staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). If clinical staff were unavailable, reception and administrative staff could also undertake the role. However, non-clinical staff had not received DBS checks to confirm their suitability for the role and a risk assessment had not been completed to consider the risks associated with this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit had been undertaken in March 2016 and identified that non touch pedal bins were required in all treatment rooms. This had since been actioned.
- Most of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We found exceptions in relation to the routine monitoring of patients taking particular high risk medicines. For example, our analysis of anonymised patient data showed that 40 out of 51 patients taking methotrexate had received a blood test in the previous 12 weeks (78%.) We also found that 1216 out of 1481

patients prescribed with ACE inhibitors (medicines used to treat high blood pressure) had received a blood test in the previous 13 months (82%). We noted that three out of six patients prescribed with lithium had received a blood test in the previous 12 weeks. Routine monitoring of all these patients was required to ensure their continued health needs and requirements were being sufficiently met. We discussed our findings with practice management who told us that action would be taken to review all patients and measures would be put in place to reduce the risk of reoccurrence of non-monitoring.

- The practice carried out regular medicines audits, with the support of the local Nene CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions.She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions.Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient specific directions are instructions to administer a medicine to a list of individually named patients.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most of the risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available and staff had received training. The practice had an up to date fire risk assessment and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. We found that the practice had not undertaken a Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice management advised us that they had not identified this as a requirement but had now started to take initial steps to test their water system.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had utilised locum doctors when required to ensure sufficient clinical capacity.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 16.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's overall exception reporting rate was above the CCG average by 5.5% and above national average by 7%.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 96% which was above the CCG average of 92% and national average of 89%.
- 94% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 91% and above the national average of 88%. Exception reporting was in line with the CCG average and 5% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 88% which was above the CCG average of 85% and above the national average of 84%. Exception reporting was 9.1% which was above the CCG average of 4.1% and national average of 3.8%.
- 96% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis close to when they were entered onto the register. This was above the CCG average of 91% and national average of 90%. Exception reporting was 23.1% which was above the CCG average of 11.4% and national average of 9.8%.
- 93% of patients with asthma had received a review in the previous 12 months. This was above the CCG average of 75% and above the national average of 75%. Exception reporting was 35.6% which was above the CCG average of 9.2% and national average of 7.5%.

We discussed the practice's higher exception reporting within some areas of QOF. The practice told us they had committed to improving QOF performance and had seen an increase of 17% overall achievement compared to the previous year (2013/14). They told us that increased activity had also resulted in higher exception reporting. The practice had attempted to contact patients on three occasions before they recorded them as being exception reported. They had also introduced a new protocol for encouraging patients to attend for reviews who did not make contact with the practice. This involved some restrictions on medicines prescribed until contact was initiated by the patient. The practice told us this was having an effective impact. We were also advised that the practice had changed its computer system in 2015 and this had initially created problems with data access and delays in progression of reviews.

We were provided with data for 2015/16 which was not yet published and we had not validated. This showed exception reporting had reduced in some areas but had increased in others. For example;

- Exception reporting for asthma related indicators reduced from 313 patients to 259.
- Exception reporting for chronic obstructive pulmonary disease (COPD) indicators reduced from 40 to 29 patients.
- Exception reporting for hypertension related indicators had increased from 155 to 178 patients.
- Exception reporting for mental health related indicators had increased from 17 to 26 patients.

There was evidence of quality improvement including clinical audit.

Good

Are services effective?

(for example, treatment is effective)

- Clinical audits had been undertaken in the last two years. These included a completed audit of patients prescribed with a particular medicine where safety concerns had been raised through the MHRA regarding adverse reactions in some patients. The audit included a review of all these patients which resulted in alternative medicines being prescribed or medicines stopped.
- The practice provided minor surgery to those patients who would benefit and had audited the effectiveness of procedures undertaken. Outcomes included that all surgical procedures had been effective with low rates of complications.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. We were informed that a more formalised infection control induction was being developed as this had previously been less structured and recording of all staff completion needed to improve. The practice had also developed a separate information document for locum doctors.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nurse practitioner had recently updated her knowledge in prescribing for particular conditions such as asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months, although we were informed that the practice manager's appraisal was the only one overdue for completion. We were informed this would take place shortly.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

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

We spoke with two of the care home managers where practice patients were in residential care. Feedback was extremely positive regarding the effectiveness of the practice doctors in providing care, liaising with home care staff and the frequency of visits made to see residential patients.

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.

Good

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored. For example, a minor surgery audit identified that 100% of patients had provided written consent.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation advice. Patients were informed about First 4 Wellbeing, a service aimed at preventing poor physical and mental health in the county. The practice promoted a number of services including those specialised for men's health such as depression.
- The practice offered a weekly smoking cessation clinic. Data provided by the practice, which we had not validated, showed the clinic had successful results. For example, in May 2016, 35 patients were recorded as having stopped smoking.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG and national average of 82%. Exception reporting was 22.4%, which was above the CCG average of 6.6% and national average of 6.3%. There was a policy to offer a written reminder for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was always available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 58% which was similar to the CCG average of 60%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 77% which was the same as the CCG average.

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 86% to 100% within the practice. The CCG rates varied from 60% to 98%. Five year old vaccinations ranged from 91% to 98% within the practice. The CCG rates ranged from 94% to 97%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Portable screens had been purchased for use if an emergency situation arose, for example, if a patient collapsed in a waiting area.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs. All telephone calls were answered in a separate room to the reception area to ensure privacy was maintained.

The majority of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two comments we received made reference to two staff members being uncaring and unhelpful.

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

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses but below average for receptionist helpfulness. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We discussed patient feedback regarding receptionist staff with practice management. We were advised that the practice had identified a particular problem and action had been taken to improve and address this.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we reviewed told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or slightly below local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Good

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The practice website contained a translation feature, so information could be read in a number of different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, those for patients living with a terminal illness and those with other long term conditions. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 176 patients as carers (1.7% of the practice list). We were informed that the practice undertook a needs assessment for carers it had identified and offered health checks and flu immunisations. Carers were referred to a local support organisation for further help and assistance. Written information was available to direct carers to the various avenues of support available to them and this information was provided on the practice's website.

Staff told us that if families had suffered bereavement, they would need to make contact with the practice to make an appointment. Advice on how to find a suitable support service would then be provided to those who required it.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice provided a telephone triage system for those patients who required an urgent same day appointment. Patients were assessed by the nurse practitioner and / or GP by telephone and allocated a face to face appointment with an appropriate clinician where attendance was necessary.
- The practice offered an extended hours surgery on a Tuesday morning and a monthly Saturday clinic for those patients who could not attend during normal opening hours. Telephone advice appointments were also offered for those patients who requested this.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Priority was given to providing same day appointments for sick babies and children.
- A range of online services were available such as appointment booking and prescription requests.
- The practice offered in house ECG (electrocardiogram), spirometry and phlebotomy services.
- The practice offered minor surgery such as the removal of skin lesions and joint injections to those patients who would benefit.
- The practice offered a weekly substance misuse clinic for those vulnerable patients to attend for assessment and ongoing treatment and support.
- Patients were able to receive travel vaccinations available on the NHS. Those who required private vaccinations were signposted to another provider.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recently invested in an extensive renovation of its premises. This included refurbishment of its waiting area. This had improved its access arrangements, particularly for its disabled patients. The practice had also purchased some specialised chairs in its waiting area to assist those with weight restrictions.

Access to the service

The practice was open between 8am to 6.30pm Mondays to Fridays. Appointments were available on Mondays, Wednesdays, Thursdays and Fridays from 8.30am to 6.30pm. On Tuesdays appointments were available from 7.30am. The practice also opened on one Saturday a month. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages with the exception of access to a named GP.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.
- 66% patients were usually able to see or speak to their preferred GP compared with the CCG average of 54% and national average of 59%.

We discussed patient survey feedback with practice management. We were informed that the practice was continually reviewing its access arrangements. This included audits which identified when the practice telephone lines were most busy. As a result of an audit, an additional member of staff had been deployed to answer telephone calls at peak times. The practice was currently undertaking its own patient survey regarding access arrangements and told us they would use the results to review their existing arrangements in place.

The practice had a system in place to assess:

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

On a request for a home visit, the triage system was used to make an informed decision according to prioritisation of clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was included in the practice information leaflet and displayed in the practice waiting area.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, an incident involving a patient misdiagnosis resulted in the practice identifying that their level of record keeping in consultations could have been improved. The practice adopted a template for use to ensure a robust approach was adopted. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice objectives included the delivery of high quality, holistic, patient centred care by working in partnership with their patients and families. Staff we spoke with knew and understood the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored. The practice was planning to merge with another local practice in 2017 and extend its existing premises to accommodate an increasing patient list. It was anticipated that the merger would result in an additional two partners and more administrative staff support.

Governance arrangements

The practice had an overarching governance framework, although there were areas where this was lacking.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practice's reduction of over 5% unplanned admissions from patients living in care homes, reduction in overall prescribing and assessment of its performance against QOF data and other CCG statistical information. Whilst the practice had identified high exception reporting in QOF and taken some action to reduce this, considerable efforts were still required.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, a clinical audit involving patients prescribed a particular medicine resulted in a change to all patients' medicines. This was in line with national guidance.
- There were arrangements for identifying, recording and managing some risks and implementing mitigating actions. For example, action taken in response to significant events investigated, safeguarding, recruitment processes and the practice's ability to deal with medical emergencies. We found some systemic weaknesses in governance systems however, as not all risks to patients had been assessed and monitored. This included a number of patients taking particular high risk medicines who had not recently been subject to monitoring. We also identified that risks had not been recognised in respect of Legionella and non-clinical staff undertaking chaperone duties who had not received a DBS check or risk assessment.

Leadership and culture

The practice was led by four GP partners. They were supported by other clinical staff and a practice manager. Staffing within the practice had been under resourced within the previous twelve months because of GP retirement and nursing and administrative staff who had left. Practice management had upskilled existing staff where training opportunities could be offered and had recently been successful in the recruitment of a new GP.

We identified areas where strong leadership was required to ensure an effective and consistent approach to all issues was adopted by practice management. For example, whilst performance against QOF was monitored, further efforts were required to continue to reduce high exception reporting.

The provider was required to strengthen its systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents and development of policy. The absence of a policy for significant events may result in inconsistent reporting of incidents and affect the subsequent response by the practice in addressing system weaknesses. The partners did however, encourage a culture of openness and honesty. They ensured that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.

Are services well-led?

Requires improvement

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had recently started to meet again following a break whilst the extensive practice renovations took place. The PPG was currently undertaking a survey to obtain feedback from the practice's patients regarding their opinion of services provided. Practice management told us they would analyse the feedback once received and review its existing arrangements in place. The PPG had been consulted in relation to the renovation of the practice building.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment was not provided as the provider did not assess all of the risks to the health and safety of service users receiving care or treatment. For example, we identified that not all patients prescribed with high risk medicines had been subject to regular monitoring and review to ensure their health needs and requirements were met. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The arrangements in place for identifying, assessing and mitigating risk were not always effective. Risk assessments had not been conducted for non-clinical staff undertaking chaperone duties. The provider had not considered the risks of legionella and had not undertaken a risk assessment of the premises used to provide treatment and services. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.