

Higham Ferrers 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 comprehensive inspection at Higham Ferrers Medical Centre on 02 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and appropriately managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with 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.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure, with clear aims and objectives to deliver high quality professional care. Staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a clear system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received appropriate support, information and a verbal or written apology as appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and established practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Staff recruitment included relevant pre-employment checks.
- Staff had received appropriate training, according to their role and development needs.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mixed, with some results above and others below average for the locality the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development opportunities for staff.
- Staff worked with multidisciplinary teams as required, to understand and meet the range and complexity of patients' needs.
- Patients were recalled for appointments if they had not attended, reminders were sent out and we saw evidence that these were checked on a regular basis.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients experienced positive outcomes for several aspects of their care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- There was continuity of care and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had set up a number of services including home visits, telephone appointments and longer appointments where required or requested.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a clear governance structure, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- A culture of openness and honesty was encouraged.

Good



Summary of findings

- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice invited patients over 60 for a review every six months. Those patients who did not attend were contacted to discuss any problems they may be experiencing.
- Admissions and A&E attendances were monitored for actions.
- Referrals were routinely made to occupational therapy for required aids and adaptations for patients as required.
- The practice held regular proactive care meetings with the district nurse to refer and review patients' needs.

Good



People with long term conditions

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

- Designated staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Hospital admissions for asthma patients were monitored and all patients were contacted for review.
- Longer appointments and home visits were available when necessary.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For patients with the complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, including counselling where requested.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the CCG average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practices uptake for the cervical screening programme was 94%, which was higher than CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments early in the morning or at end of day were available and telephone consultations were routinely available.
- The practice offered online facility for repeat prescriptions.
- NHS Health Checks were offered to those aged over 40.
- The practice offered sexual health advice and health checks.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Access to translation service was available and the practice website was available in various different languages.

People experiencing poor mental health (including people with dementia)

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

- The practice had reviewed the care of 83% of patients diagnosed with dementia, in a face to face meeting in the last 12 months, which was in line with the national average.
- 95% of patients experiencing poor mental health had received a documented care plan in the preceding 12 months, which was above the national average.
- The practice worked with the crisis and outreach teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out proactive care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing in line with the local and national averages, although reported performance was below averages in some areas.

259 survey forms were distributed and 91 were returned, this represented a survey response rate of 35%. The 91 responses represented less than 2% of the practice population. The survey results identified that;

- 85% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 49% found it easy to get through to this surgery by telephone compared to a CCG average of 71% and a national average of 73%.
- 66% described the overall experience of their GP surgery as good (CCG average 83%, national average 85%).
- 51% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 77%).

The practice was aware of the survey results and had set clear objectives to address the areas where performance was below average. Action taken by the practice included a review of telephone triage and availability of appointments.

Following the inspection we reviewed the patient survey results from January 2016, which showed improvement across all the above areas. Most notably, 57% of respondents found it easy to get through to the surgery by telephone, and increase of 8%.

Similarly, 90% of respondents were able to get an appointment to see or speak to someone the last time they tried, an increase of 5% and higher than the local and national average.

There had also been a small increase in the number of patients who said they would recommend the surgery to someone new to the areas, with a rise to 53%, an increase of 2%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one completed card. The comments on the card were positive and general in nature. We also spoke with three patients as part of our inspection. The patients told us that they felt listened too and had enough time with the clinical staff, although sometimes telephone access could be difficult.

Higham Ferrers Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser inspector and a practice manager specialist adviser.

Background to Higham Ferrers Surgery

Higham Ferrers Surgery provides a range of primary care services from its location on Saffron Road, Rushden. It is a purpose built premises and has good access for patients with mobility problems. The practice serves a population of approximately 5, 300 patients.

The clinical staff team consists of two GP partners; one female and one male, and one male salaried GP. The practice used one regular locum and also benefitted from two practice nurses. The clinical team is supported by a practice manager, and a team of administrative and reception staff. The practice provides services under a General Medical Services (GMS) Contract. A GMS contract is one between NHS England and general practices for delivering general medical services.

The practice is open between 8.00am and 6.30pm Monday to Friday. A separate organisation provides a service for patients requiring a GP out of normal hours.

Why we carried out this inspection

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

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

How we carried out this inspection

Before 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 02 December 2015.

During our visit we:

- Spoke with three GPs, nurses, the practice manager and administrative staff. We spoke with representatives from the patient participation group (PPG). A PPG is a group of patients who work with the practice to discuss and develop the services provided to improve quality of care). We also spoke with three patients who used the service.
- Observed how staff interacted with patients.
- 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?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. A log of significant events was maintained by the practice manager. Significant events were discussed at monthly multidisciplinary team (MDT) meetings between clinical staff and the practice manager. We saw evidence that significant event review meetings were held regularly and that the practice carried out an analysis of the significant events.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

National patient safety and medicines alerts were received into the practice by email to the practice manager who cascaded information to relevant staff. Where appropriate the alerts were discussed at monthly clinical meetings to ensure that appropriate action was taken and a plan put in place if necessary, to ensure patient safety was maintained.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to staff. The policies identified the procedure to follow if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, with all GPs trained to an appropriate level to manage safeguarding concerns. Staff demonstrated they understood their responsibilities and had received training relevant to their role.

- Notices in the waiting room and all clinical rooms, advised patients that chaperones were available if required. Staff who acted as chaperones had completed appropriate training and received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice used a regular locum GP in order to provide cover for holidays etc.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP partner was the infection control lead. There was an infection control protocol in place and staff had received up to date training. On-going monitoring and reporting of concerns ensured routine matters were dealt with swiftly. A formal infection control audit had been undertaken and we saw records of concerns being noted and addressed on a routine basis.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. This included obtaining, prescribing, recording, handling, storing and security. The practice retained appropriate levels of emergency and other medicines.
- The practice undertook medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- We reviewed three staff personnel files and found appropriate recruitment checks had been undertaken

Are services safe?

prior to employment. This included proof of identification, personal or professional references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed which identified local health and safety representatives. The practice had up to date fire risk assessments, with fire alarm tests and fire drills taking place.
- All electrical equipment was routinely checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had arrangements in place for planning and monitoring the number of staff and mix of staff

needed to meet patients' needs. The practice used a regular locum as needed and reception and administrative staff were able to cover different functions if required.

- The practice had appropriate systems in place to make sure that medication reviews were routinely undertaken and that checks undertaken were meaningful and followed relevant guidance.

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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 an emergency.
- Staff received annual basic life support training.
- Emergency medicines were readily accessible and staff knew their location. The medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. Staff had knowledge and awareness of the plan appropriate to their role.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed the practice had achieved 92% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to local practices average. For example, the percentage of patients on the diabetes register, with a record of having had a foot examination and that had been risk classified within the preceding 12 months was 94%, which compared well against the local CCG average of 89% and the national average of %.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to other practices at 84%, local CCG average 85% and the national average of 84%.
- Performance for mental health related indicators were comparable with local and national average. For

example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 88%, which was slightly below the CCG average of 91% and in line with the national average of 88%.

We saw examples of three clinical audits completed in the last two years, identified positive changes which could be implemented and improvements monitored. For example, an audit of patients with atrial fibrillation, (an abnormal heart rhythm), had been undertaken and changes put in place as a result. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff told us their induction and training prepared them for their work. Protected learning sessions were held once a month during which the practice provided in house training or invited external trainers in where appropriate.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example, for those reviewing patients with long-term conditions. Staff told us they attended training days and had access to and made use of e-learning training modules where needed to maintain their knowledge and skills. Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal and practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during clinical sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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 through records audits.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients also had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years.
- Childhood immunisation rates for the vaccinations given were broadly comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 91% to 99%.
- Influenza vaccination rates for those patients over 65 years of age was 67%, compared to a national average of 73%.
- The practice had seen 85% of patients diagnosed with dementia for a face-to face review, was comparable with the CCG average of 85% and the national average of 84%.
- We saw evidence to confirm that appropriate follow ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received one completed Care Quality Commission patient comment card on the day of the inspection, the comments noted that the practice was very good. .

We spoke with members of the Patient Participation Group (PPG) and three patients on the day of the inspection, who told us they were satisfied with the care, provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey published July 2015 generally showed patients felt they were treated with compassion, dignity and respect.

The practice was broadly in line with, or just below average results for satisfaction scores on consultations with GPs and nurses. These figures were based on 91 survey responses representing approximately 2% of the practice population: For example:

- 75% said the GP gave them enough time compared to the CCG average 85%, and national average of 87%.
- 77% said the GP was good at listening to them, CCG average of 87% and national average of 89%.
- 87% said they had confidence and trust in the last GP they saw, CCG average 94%, national average 95%.
- 71% said the last GP they spoke to was good at treating them with care and concern, CCG average 83%, national average 85%.
- 85% said the last nurse they spoke to was good at treating them with care and concern, CCG average 90 %, national average 90%.

- 87% said they found the receptionists at the practice helpful, CCG average 85%, national average 87%.

Following the inspection we reviewed patient survey results from January 2016, to see if action taken by the practice had improved performance since the site visit in December 2015. We saw that the practice had improved outcomes in all except one of the above areas by 2%. For example, 89% of respondents said they had confidence in the last GP they saw.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed results about their involvement in planning and making decisions about their care and treatment were broadly comparable with, or below, the local and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 74% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%)

Following the inspection we reviewed patient survey results from January 2016, to see if action taken by the practice had improved performance since the site visit in December 2015. We saw that the practice had improved outcomes for one area, 76% of patients said the last nurse they saw was good at involving them in decision about their care. Where results remained below local and national average, the practice had identified updates to the practice website, and introduced telephone appointments with nurses to address concerns for example.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, smoking cessation, bereavement and carers support.

The practice staff were alerted by a notification on the computer system if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice had recorded 78 patients on their carers register. This was an increase from previous figure of 44 patients and represented 1.5% of the patient group.

The practice had a proactive approach to helping patients with dementia and their carers. The practice had links with local carers groups, such as Northamptonshire Carers. The practice ensured that carers recorded on their system had access to longer, flexible appointments, were reminded about access to flu jabs for example.

Staff told us that if families had suffered bereavement, their usual GP contacted them and appropriate support was made available to suit the individual patients' needs at the time.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a number of services for older people including; home visits, telephone appointments and longer appointments. Immunisations for flu and pneumonia and shingles were offered during routine appointments.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice leaflet was available in large print.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Pre-bookable appointments could be made two weeks in advance, urgent appointments on the day, were also available for people that needed them. Patients were also able to book appointments on line. The practice told us that availability of appointments and the waiting time for individual GP's was reviewed regularly and amendments to availability of doctors was monitored accordingly, to make additional appointments available during periods of high demand wherever possible.

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

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 49% patients said they could get through easily to the surgery by phone, CCG average 71%, national average 73%.

- 25% patients said they always or almost always see or speak to the GP they prefer, which was lower than both the CCG average 55% and the national average of 60%.

However, in contrast to these survey results, the patients we spoke with on the day of inspection told us they were able to get appointments when they needed them. There was recognition that a named, or preferred, GP might not always be available, but appointments were usually accessible.

The patients we spoke with during our inspection were aware of their named GP. Providing continuity of care had established clear lines of clinical responsibility for clinicians to follow when coordinating their patients' care.

Following the inspection we reviewed patient survey results published January 2016, to see if action taken by the practice had improved performance since the site visit in December 2015. We saw that the practice had improved outcomes for two of the areas above.

Although results were still lower than local and national averages we saw that 57% of patients said they could now get through easily to the surgery, an increase of 8%. Similarly, 61% of patients said that were now satisfied with the practices opening hours an increase of 5%.

The practice had taken proactive approach to addressing these outcomes and had introduced an initial triage of the telephone calls and had made fuller use of telephone consultations by GPs where appropriate.

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. We saw evidence that all complaints were dealt with in an appropriate and timely manner.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system a poster giving details of the complaints process was in the waiting area with the complaints form.

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

We looked at all complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. The practice demonstrated an openness and transparency when dealing with complaints.

Improvements or lessons learnt from concerns and complaints were recognised and appropriate action was

taken as a result to improve the quality of care. For example, we saw evidence of appointment monitoring following feedback about availability of telephone access and appointments.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear aim to provide exceptional patient care and to provide a medical service which was professional, safe and effective, to meet the needs of patients and high standards.

- The practice had clear priorities to improve the patient experience.
- Specific actions to involve patients and their families in decision making about their treatment and care formed a key part of the objectives.
- A plan to deliver the aims and objectives supported the practice in monitoring achievements.

Governance arrangements

The practice had clear and transparent governance structure which supported the practice in the delivery of the strategy and good quality care. This ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place to identify record and manage risks appropriately.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, information and a verbal and written apology.
- They 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings or anytime as appropriate and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff were appropriately involved in the development of the practice.
- Partners encouraged staff to identify opportunities to improve the service delivered by 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 comments and complaints received. The PPG met regularly throughout the year. Meetings were minuted and notes circulated to all members for discussion and action appropriately.
- The practice sought to recruit patients to the PPG by placing posters in the reception and waiting area, information was available on the practice website and included with the information pack for new patients.
- The practice with the PPG, reviewed national patient survey results, friends and family test feedback and annual practice complaints, and then submitted proposals for improvements to the practice management team.
- The PPG had identified the benefits of addressing the system for making routine and emergency appointments. Telephone appointments had been introduced.

Are services well-led?

Good 

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

- Staff told us they felt able to give feedback and discuss concerns or issues with colleagues and management and they were involved and engaged to improve how the practice was run.

Continuous improvement

There was an awareness of the benefits of striving for continuous learning and improvement at all levels within the practice.

The practice team was forward thinking and participated in local schemes to improve outcomes for patients in the area, engaged positively with the CCG delivery framework and prescribing leads for example.