Great Oakley Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Great Oakley Medical Centre on 23 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. The practice had an open culture and robust systems in place to promote safety. Staff were aware of and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were good and in line with national and local outcomes. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Systems were in place to ensure patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Training was a high priority for the practice and all staff had received training appropriate to their roles and any further training needs had been identified and appropriate training undertaken. There was evidence of appraisals and personal development plans for all staff. The practice worked routinely with multidisciplinary teams and other organisations to promote effective care.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice slightly lower than others for some aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment but an appointment with a named GP required a longer wait. The practice had reviewed the appointments system to allow patients to be seen on the same day, every day. The practice had good facilities and was

Summary of findings

well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice shared the learning from complaints with all staff and implemented changes where necessary in response to complaints.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 regularly discussed issues relating to governance. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and regular learning events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. It was responsive to the needs of older people, and offered home visits and/or telephone consultation with their preferred GP.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The practice had systems in place to ensure a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. The practice had a higher than average number of patients in this population group and had tailored services accordingly. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

Summary of findings

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.

People whose circumstances may make them vulnerable

Good

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. It had carried out annual health checks for people with a learning disability and offered longer appointments for this.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people 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 and referred to the Improving Access to Psychological Therapies (IAPT) service which took place in house . It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages for most indicators. There were 130 responses and a response rate of 31.6%.

- 87% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 92% and a national average of 87%.
- 34% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 46% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 76% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 57% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 49% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Comment cards highlighted that patients experienced a good service and treatment from courteous and caring staff. They reported being treated with dignity and respect, as well as being listened to and having their condition explained to them.

Great Oakley 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 a second CQC inspector and a practice manager specialist adviser.

Background to Great Oakley Medical Centre

Great Oakley Medical Centre provides primary medical services to patients in Corby and the surrounding areas. They provide services under a general medical services contract (GMS) to a population of approximately 10,330 patients. The practice has a significant number of patients of Polish and Zimbabwean ethnic origin and the area does not experience high levels of deprivation.

The practice has a two female GP partners, one salaried male GP and two long term locum GPs one male and one female. They employ two nurse practitioners and three practice nurses. They are a teaching practice, providing support and advice to Foundation Year 2 doctors (FY2) who are qualified doctors gaining experience in general practice. The practice is supported by a team of reception and administrative staff and a practice manager.

The practice is open between 8am and 8.15pm on Mondays and 8am until 6.30pm Tuesday to Friday. Extended hours surgeries are offered at the following times on Mondays between 6.30 and 8.00pm. when the practice is closed out of hours services are provided by Integrated Care 24 Limited and can be accessed via the 111 service.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 23 September 2015. During our inspection we spoke with a range of staff including GPs, nurse practitioners, the practice manager and reception and administration staff. We observed how staff dealt with and assisted patients when they attended the practice and spoke with patients and carers who used the practice on that day. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

Staff we spoke with told us there was an open and transparent approach to significant events and a commitment to learning from them. There was a system in place for reporting and recording significant events and we saw from reports that people affected by them received a timely and sincere apology and were informed of actions taken to improve care. We saw the form for reporting significant events which was completed by the member of staff involved and input onto a shared computer folder for discussion and review. Staff were aware of the form and told us they would inform the practice manager of any incidents. The practice also recorded positive events to share success of good practice. Significant events were recorded and given a red, amber or green rating to demonstrate clearly to staff the seriousness and priority of the actions required.

All complaints received by the practice were printed and entered onto an action sheet. The practice carried out an investigation and analysis of all significant events and complaints and shared with relevant staff.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a protocol had been changed to ensure reception staff dealt with new patient assessment details appropriately as a result of a patient being allowed to leave the practice without a clinician assessing their condition.

The practice had implemented a procedure for dealing with requests for prescriptions for controlled drugs when patients reported they had lost them. They had identified the potential for misuse of controlled drugs with a street value or abuse potential and had a requirement of patients to report the loss to the police and obtain a crime number prior to issuing another prescription to reduce the risk of abuse. Controlled drugs are those which are governed by strict legal controls under the Misuse of Drugs legislation.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) and other guidance reviews. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were received by the practice manager who forwarded them to the appropriate staff for action but recorded them on their shared drive on the computer and also filed a copy in the folder for locum staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. There was a lead GP for safeguarding and all staff demonstrated an awareness of this. The GPs attended safeguarding meetings and liaised with health visitors and other agencies when necessary. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- There were notices in consultation rooms, the waiting area and on the practice website advising to patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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). We saw recent DBS checks and evidence of training to confirm this.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office and we saw staff had undertaken health and safety awareness training. The practice had up to date fire risk assessments and regular fire drills were carried out. We saw that the last fire drill took place in January 2015. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- The premises looked clean and tidy and we saw that appropriate standards of cleanliness and hygiene were

Good

Are services safe?

followed. The nurses kept cleaning schedules for their own clinical rooms in addition to the contactors who cleaned the premises. The practice nurse was the infection control clinical lead and had carried out an audit and ensured actions had been completed following this. There was an infection control protocol in place and staff had received up to date training.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were robust and ensured that patients were kept safe. This included the recording, prescribing, handling, storing and security of medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. We spoke with prescribing staff who confirmed that all prescriptions were removed from printers and stored securely.
- The practice had a thorough and robust recruitment procedure with a policy to support the process. We reviewed three staff records which showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. During times of annual leave and sickness staff worked additional hours to cover.

Arrangements to deal with emergencies and major incidents

The practice had a panic alarm button as well as an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff gave recent examples of how this had been used effectively in an emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit available in an emergency box. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. Staff described several occasions when they had needed to use emergency procedures for patients who had collapsed and told us all staff had responded quickly and appropriately.

The practice had an up to date, comprehensive service continuity plan and risk assessment plan in place for major incidents such as power failure or building damage which included details and contact numbers of service providers for emergency use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date and used daily coffee morning meetings as an opportunity to discuss new issues, medical alerts and guidance as well as during formal practice meetings. All staff we spoke with had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored the application of these guidelines and we saw evidence of two audits to determine if patients were on the correct treatment in line with best practice.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had a high QOF achievement and had achieved the maximum points in all areas except diabetes. However, we saw they had changed their system for calling patients for annual review to improve attendance at reviews.

Data from 2014/15 showed 100% achievement for all other areas which included conditions such as chronic obstructive airways disease (COPD), asthma, heart failure, dementia and mental health. The overall current practice achievement for 2014/15 was 96.1% of the total number of clinical points available.

Clinical audits had been carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. The practice identified that they intended to carry out more audit in the future and had discussed their plans to audit more disease areas. There had been two complete clinical audits in the last year, which demonstrated improvements in care as a result. For example, we saw that patients had been contacted and treatment and medication had been optimised as a result. The practice had also participated in audits related to prescribing, referrals and record keeping. The practice was responsive to the findings of audit and used every opportunity to learn from them improve services.

The practice used specific computerised tools to help them identify patients at high risk of admission to hospital in order to offer more targeted treatment and support where required and prevent admission. They shared responsibilities across the team to ensure sufficient resources were available to manage patients effectively.

Effective staffing

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

- The practice had a good induction plan for newly appointed staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We spoke with the most recently appointed staff who confirmed their induction had been thorough and appropriate. This also included reviews at one, three and six months.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. We spoke with staff who told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. The staff reported that the practice was supportive and encouraged training for all staff groups and we saw that a training needs assessment took place following appraisal. Clinical supervision was provided as well as support for locum GPs and for the revalidation of doctors. All staff told us they had regular appraisal and that they found this a beneficial process. We saw evidence of appraisal that had taken place with subsequent training needs assessment.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness, dementia awareness, deaf awareness and mental capacity act training. 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

Good

Are services effective?

(for example, treatment is effective)

and their intranet system. This included care and risk assessments, care plans, medical records and test results. A range of patient information was also available throughout the practice. The practice shared all relevant information with other services in a timely way, for example there were regular meeting regarding unplanned admissions and referrals to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 (MCA) and staff had also received MCA training. The practice had a higher than average number of younger patients and demonstrated awareness of the requirements regarding consent and young people and the need to carry out assessments of capacity to consent. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We saw that these were carried out annually.

Health promotion and prevention

The practice described the tool they used to identify patients who may have been in need of extra support. These included patients needing palliative care, those at risk of developing a long-term condition as well as those who were at high risk of admission to hospital. Patients were directed to appropriate support services or advised of the relevant health promotion service available to them. The practice held a sexual health service which was staffed by one of the GPs who was trained in sexual health. This was available to patients from all practices from anywhere in the UK. They also hosted an HIV testing clinic which was a service run by a voluntary organisation in partnership with health to provide an opportunity for patients to determine their HIV status. Patients with a positive result were given advice regarding appropriate treatment. Smoking status was established and patients who required help to stop smoking were signposted to the local service for additional support.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.1%, which was comparable to the CCG average of 81.4% and the national average of 81.9%. The practice offered reminders to patients who did not attend for their cervical screening test in line with national recommendations. There were also leaflets in the practice advertising national screening programmes for bowel and breast cancer screening to encourage patients to take up the services. The practice also hosted the screening service for detecting aortic aneurysm. Aortic aneurysm is a swelling of the large vessel leading from the heart which can go undetected until it ruptures.

Childhood immunisation rates for the vaccinations given were higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.9% to 100% and five year olds from 95.9% to 99.4%. Flu vaccination were offered to those patients who needed them and there was a system in place for inviting patients for this. The flu programme was well advertised including information regarding the shingles vaccine for those patients who met the criteria.

The practice provided opportunistic advice on lifestyle issues, such as smoking and alcohol consumption during contraceptive reviews as well as specific pre-conception advice when appropriate. They also offered NHS health checks to 40-74 year old patients and had completed 275 of these since April 2015. This included appropriate follow-ups when abnormalities or risk factors had been identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we noted that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. The reception area had a clear line of demarcation and signage requesting patients to stand back whilst other patients were being attended to. There was also a room available if patients needed to speak privately to reception staff or if patients were distressed. All consulting rooms had curtains to ensure that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 14 patient CQC comment cards we received were positive about the service experienced. Patients commented on first class care and treatment and that they were always treated with kindness. They said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection and nine patients who attended on that day. They told us that the practice provided a good quality of care and they were listened to by the doctors. Comment cards also highlighted that staff both reception and medical responded in a kind and caring way with compassion when they needed help and provided support when required. Several comment cards gave specific examples of kindness and support when patients were experiencing difficult health problems with relatives.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had acceptable satisfaction levels although they were just below the CCG average on consultations with doctors and nurses.

For example:

- 87.2% said the GP was good at listening to them compared to the CCG average of 89.1% and national average of 88.6%.
- 85.6% said the GP gave them enough time compared to the CCG average of 90.1% and national average of 86.8%.
- 93.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.3% and national average of 95.3%
- 83.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85.1%.
- 84.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.7% and national average of 90.4%.
- 90.6% patients said they found the receptionists at the practice helpful compared to the CCG average of 91.5% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

We spoke with nine patients during our inspection who told us they felt involved in decision making about the care and treatment they received and that the GPs and nurses explained the options available to them. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. We spoke to some patients who suffered with long term conditions who told us the practice always accommodated their need to see a specific GP who they felt understood their issues concerning their condition.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.3% and national average of 86.3%.
- 79.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.4% and national average of 81.5%

The practice had a checking in system which was in a variety of language and 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.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

In the reception area and in the patient waiting room notices told patients how to access a variety of support groups and organisations for conditions such as dementia, Parkinson's disease, alcohol abuse and hospice services.

The practice identified patients who were carers at registration and opportunistically during consultations and it was recorded on their records. The computer system then alerted GPs if a patient was a carer. There was a practice register of all patients who had been identified as carers and they were offered annual health checks and signposted to support agencies. The Practice had received a bronze carers award from Northamptonshire Carers Group as a result of the care they gave to carers in the practice. All members of staff made additional efforts to increase the carers list. Written information was also available for carers to ensure they understood the various avenues of support available to them.

The practice had a bereavement protocol which ensured that patients who had suffered a bereavement were sent a condolence card and offered the opportunity to discuss their loss with their GP. Patients receiving palliative care and carers were able to call the practice and speak with a GP at anytime.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

One of the GPs was a lead at the local CCG and the practice worked well with them to plan services and to improve outcomes for patients in the area. For example, they were intending to pilot an HIV trial in the area and were also setting up a healthy eating group led by one of the nurse practitioners.

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

- The practice offered extended hours appointments until 8.00 pm on Mondays for those patients who work and were unable to attend during normal hours.
- There were longer appointments available for people with a learning disability and those patient who needed an interpreter during consultation.
- Home visits were available for older patients and patients who would benefit from these.
- The nurses had recently started to visit patients who were housebound to carry out a review and assessment of their long term condition.
- Appointments were available on the day via triaged telephone consultation for all patients.
- There were disabled facilities including electric front access and a lift to the first floor consulting rooms, a hearing loop and translation services available. There were also disabled toilet and baby changing facilities.
- The practice had introduced electronic prescribing to allow easier access to medication for their patients.

Access to the service

The practice had introduced a new appointment system to cope with demand and address complaints and suggestions regarding access to appointments. In addition to pre-bookable appointments that could be booked up to a month in advance, the practice operated a system where patients had access daily to telephone appointments before 10am. The GP triaged their telephone call and either gave advice over the telephone or gave the patient a same day face to face appointment. After 10am any appointments left free could be booked by patients ringing in that day.

The practice was open between 8.00am and 8.15pm on Mondays to allow access to extended hours appointments between 6.30pm and 8.00pm. On Tuesdays to Fridays appointments were available from 8.00am to 6.30pm

Results from the national GP patient survey showed that patient's satisfaction was mixed on how they could access care and treatment. However, patients we spoke to on the day told us that they were able to get appointments when they needed them. The patient survey results showed:

- 77.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 82.7% and national average of 75.7%.
- 86.9% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76.6% and national average of 74.4%.
- 75.6% of patients described their experience of making an appointment as good compared to the CCG average of 72.9% and national average of 73.8%.
- 57.4% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64.5% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice demonstrated a commitment to address complaints promptly and appropriately and learn from them. They had a system in place for handling complaints and concerns and a complaints policy which was 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 and we saw that the system worked well and complaints had been dealt with appropriately in line with the policy. We also noted that all comments and complaints left on the NHS Choices website had been responded to.

We saw that information was available to help patients understand the complaints system, for example there were leaflets available at the front reception desk in the waiting area and also an explanation of the procedure was in the practice leaflet as well as on the website. Patients we spoke told us they had not had cause to complain but would know what to do if they wished to make a complaint.

We looked at a selection of complaints received in the last 12 months and found that they had all been satisfactorily handled within an appropriate timescale and patients had received explanations and apologies where necessary. We noted from their summary of complaints that lessons had

Good

Are services responsive to people's needs?

(for example, to feedback?)

been learnt from concerns and complaints and action taken as a result to improve the quality of care. For example, we saw that the practice had made changes to the appointment system in response to complaints from patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. All staff we spoke with demonstrated an awareness of and commitment to this vision. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw they had plans for future development and had become part of a local federation of GPs to achieve better outcomes by sharing resources to develop services together in a more cost efficient way.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This included all the means they used to manage and ensure quality, using the appraisal system, audit, training, carer's award, infection control monitoring, significant events.

The systems they had in place ensured that:

- There was a clear staffing structure and that staff were appropriately trained and aware of their own roles and responsibilities
- There was a comprehensive folder of policies and procedures which had been shared with the staff, implemented and made available at all times for staff to refer to.
- Staff were aware of how the practice was performing and areas of priority. For example, the nurse told us of the measures put in place to improve uptake of diabetes reviews.
- A timetable of clinical audit was used to monitor quality and to make improvements
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place.

We spoke to a range of staff during our inspection who told us that they met regularly as a team during the protected learning sessions which were held monthly. They also reported good communication from the practice manager via email and in person on a daily basis and the practice had implemented hot topic emails weekly to highlight new issues and areas of interest. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff we spoke with told us they felt valued and supported by the GPs and the practice manager. They felt they were listened too and changes were made as a result of issues raised by them.

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

We spoke with two representatives from the patient participation group (PPG) who reported that the practice actively engaged with the group and maintained good communication with them. They told us the practice ensured that either the practice manager or a GP attended the PPG meetings and encouraged and valued feedback from patients regarding the services provided. They reported that this had improved over recent years. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was active and met regularly and carried out patient surveys. They collected information from other patients and one of their aims was to raise awareness of the PPG to other patients as they had identified a need for younger patients to join the group. The practice had consulted with the PPG regarding the appointment system and made changes in response to patient feedback. The practice had encouraged and supported the PPG in their idea of a practice newsletter which they had produced and was well received. The practice also subscribed to the National Association for Patient Participation to support the work of the PPG. This was an organisation which supported patient participation in primary care across the country.

The practice also provided a suggestion box which was situated in reception for patients to leave comments. They gathered feedback from staff through staff appraisal and generally through staff meetings and discussion as the practice had daily coffee mornings where they had an opportunity to discuss issues. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged and would offer suggestions to improve services and ways of working if they considered them appropriate.