

# The Saxon Spires Practice

## 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?

Requires improvement



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 The Saxon Spires Practice on 9 August 2016. 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. However monitoring and recording systems relating patients receiving high risk medication, and recording systems related to safety alerts, and significant events needed strengthening.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Practice specific policies were implemented and were available to all staff. However some policies we reviewed were undated and needed a review.

- The practice had recently recommenced staff appraisals and the practice manager shared with us a schedule of appraisals for the five staff members (out of 40) yet to be appraised. Their appraisal was scheduled for completion by the end of October 2016.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Introduce systems for the monitoring and recording of patients who received high risk medicines.
- Ensure systems are in place to check emergency equipment including oxygen cylinders kept at the practice to ensure they are ready for use in an emergency.

The areas where the provider should make improvement are:

- Strengthen the recording systems relating to safety alerts, and significant events so a strategic overview of performance is available.
- Ensure the staff appraisals programme is completed as per the timetable; end of October 2016.
- Ensure periodic review of practice specific policies so they reflect current requirements and are dated.
- Continue to encourage patients to attend for breast screening when invited.

**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 requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events.
- However monitoring and recording systems relating patients receiving high risk medication, and recording systems related to safety alerts, and significant events needed strengthening.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to 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.
- The practice had recently recommenced staff appraisals and the practice manager shared with us a schedule of appraisals for the five staff members (out of 40) yet to be appraised. Their appraisal were scheduled for completion by the end of October 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Staff demonstrated a person-centred approach to care. Patients told us that staff were approachable and supported them well in their care needs.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several 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 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG in developing an in-house ultrasound service which allowed patients to access this service locally without the need to visit the district hospital.
- Patients said they found it easy to make an appointment with a GP and 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.
- 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.

## Are services well-led?

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

Good



- 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 it.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- Practice specific policies were implemented and were available to all staff. However some policies we reviewed were undated and needed a review.
- 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 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 strong focus on continuous learning and improvement at all levels. The practice actively supported the training of new doctors, GPs and nurses through collaboration with respective local learning institutions such as medical schools and universities.

# 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.

Good



- Patients aged 75 years and older had a named GP.
- The practice was responsive to the needs of older people.
- The Nurse advisor provided home visits and support to the older and vulnerable patient and provided extensive advice on benefits and other related services.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The GPs routinely worked with the community nursing service to ensure continuity of care for patients who needed care at home.
- The practice had identified older patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with local partners such as the community nursing service to coordinate their care.
- The practice supported three care homes and visited the larger of the three homes three times a week for a ward round and twice weekly the other two homes. There was a lead GP who liaised with the care homes.
- The practice provided a home delivery service of medicines to the housebound.

### People with long term conditions

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

Good



- Clinical staff trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 79%, compared to the CCG average of 79% and the national average of 78%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

# Summary of findings

- For those patients with the most complex needs or at high risk of hospital admission, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care including opportunistic reviews of their care.
- The practice undertook periodic medication reviews when repeat prescribing.
- Patients referred for an appointment within two weeks using the suspected cancer pathway referral process were followed up by a telephone call to review their progress.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice operated an in-house health visiting team.
- Immunisation rates were comparable to CCG and national averages 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 practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided access to pupils from nearby schools irrespective of their registration status with the practice.
- A GP offered advice to new parents on childhood illnesses and how to manage them through a meeting held six monthly.
- We saw positive examples of joint working with midwives school nurses and health visitors.
- The practice provided contraceptive advice and services.
- The practice provided a variety of health promotion information leaflets and resources for this population group for example the discreet provision of chlamydia testing kits.

Good



## 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).

Good





# Summary of findings

- 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 reflected the needs for this age group.
- The practice offered health checks, travel advice, cervical screening, and contraceptive services for this population group.
- The practice provided extended hours with early morning appointments available two days a week, Saturday morning appointments were available once a month as well telephone appointments when appropriate.
- On line services were available for booking of appointments and ordering of repeat medications.
- The practice offered flexibility in seeing working age people working in the local area who are not registered with the practice. For example teachers at secondary school, employees at a local car factory.

## People whose circumstances may make them vulnerable

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

- 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.
- There was a GP with a special interest in the care of the elderly and dementia patients who supported patients.
- 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 other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held regular review meetings involving the community nursing team, GPs and the local palliative care nurses for people that require end of life care and those on the palliative care register.
- There was a domiciliary service for the housebound patient. The community care coordinator visited many of these patients to advise and support them on their specific needs.

Good



# Summary of findings

- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 695 patients as carers (5% of the total practice list).

## 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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- There was a GP with a special interest in the elderly and dementia who provided appropriate support.
- The practice hosted the First for Wellbeing service which is a social enterprise that aimed to provide an effective, integrated service that prevented poor physical and mental health. This enterprise was a partnership between Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northampton.
- Patients could access a wellbeing counsellor, and a mental health primary care liaison worker from the local mental health NHS Trust at the practice.
- The practice provides an in-house counselling service for patients with mental health issues.
- The practice carried out advance care planning for patients with dementia.
- Patients with dementia were offered a review at least yearly usually with their carers.
- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice provides facilities for a consultant psychiatrist from the local NHS Trust to review patients with dementia.
- The practice maintained a register of patients with mental illness and offered them annual health reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including to direct access counselling and cognitive behavioural therapy.
- The practice had a system in place to follow up patients who had attended A&E 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 were published in July 2016. The results showed the practice was performing in line with local and national averages. 230 survey forms were distributed and 120 were returned. This represented 52% return rate (less than 1% of the practice's patient list).

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 73%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered a local service in a rural environment and staff had treated them with dignity and respect. Comments noted how staff were approachable and caring and put them at ease when consulting.

We spoke with six patients and two members of the patient participation group during the inspection. All patients said they were extremely satisfied with the care they received and thought staff were approachable, knowledgeable and caring. They also felt involved in decisions about their care and treatment. Two patients told us that sometimes appointments with the GPs could run late. They however told us that usually an explanation and apology was given.

## Areas for improvement

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

- Introduce systems for the monitoring and recording of patients who received high risk medicines.
- Ensure systems are in place to check emergency equipment including oxygen cylinders kept at the practice to ensure they are ready for use in an emergency.

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

- Strengthen the recording systems relating to safety alerts, and significant events so a strategic overview of performance is available.
- Ensure the staff appraisals programme is completed as per the timetable; end of October 2016.
- Ensure periodic review of practice specific policies so they reflect current requirements and are dated.
- Continue to encourage patients to attend for breast screening when invited.

# The Saxon Spires Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Saxon Spires Practice

The Saxon Spires Practice situated in Guilsborough, Northamptonshire, is a GP practice which provides primary medical care for approximately 14,900. A branch of this practice the Brixworth Surgery is located at Pytchley Court Health Centre, Brixworth. The practice maintains one patient list and patients can access either practice. We did not inspect the Brixworth branch at this time. Together they provide primary medical care to the residents of Guilsborough and Brixworth and surrounding areas.

The Saxon Spires Practice provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian and Eastern European origin.

The practice has six GPs partners (three female and three male) and four salaried GP (four female). The practice uses two regular locum doctors (two female). There are three practice nurses, a nurse advisor, two nurse prescribers (all females) and one assistant nurse practitioner (male). The nursing team is supported by three health care assistants (all females). There are two pharmacists attached to the

practice. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice provides training to doctors studying to become GPs. It also supports undergraduate and postgraduate nurse education and provides mentoring to practice and community nurses during further training such as prescribing qualifications. Being affiliated to Warwick Medical School the practice supports the training of new doctors.

The Saxon Spires Practice is a dispensing practice and has a dispensary at this practice as well as at the Brixworth branch which are open during surgery times. There are nine dispensers supported by a dispensary manager across both sites.

Patient consultations and treatments take place on ground level. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm except on Tuesday and Thursday when the practice is open from 7am. The practice offers extended opening on the first Saturday of each month from 8am till 10am. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Integrated Care 24 Limited via the 111 service.

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

Before inspecting, 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 inspection on 9 August.

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# 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.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However the practice maintained separate recording systems, one for the practice and another for the dispensary. Consequently the practice management did not always have an overview. After our inspection the practice wrote to us and confirmed that they have amalgamated the reporting systems enabling an overview during the monthly clinical meetings where all incidents were reviewed.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events where appropriate were discussed weekly during partners meetings and reviewed at monthly practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example following an investigation the practice had introduced a system to routinely telephone patients referred for an urgent hospital appointment (with symptoms that might indicate cancer, or a serious condition such as cancer) to ensure that they had been seen by a hospital specialist within two weeks of referral.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence that alerts had been acted upon. For example we saw that the practice had responded

appropriately to a recent alert related to a device used by a diabetic patient. However, while the practice maintained an overview of alerts related to medicines, alerts related to medical devices were managed locally. We discussed this issue with the practice manager. After our inspection the practice wrote to us and confirmed that the process had been changed so an overview was now available centrally.

### 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. However these were undated and needed a review. Notices in clinical rooms outlined who to contact for further guidance if staff had concerns about a patient's welfare including contact telephone numbers. There was a lead member of staff for safeguarding. The safeguarding lead attended the local safeguarding lead meetings. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. Staff had received training dates for the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- The practice computer system held registers for children considered at increased risk, and children with protection plans were identified on the electronic patient record. The practice held monthly multi-disciplinary team meetings including the health visitor midwife and mental health worker to discuss at risk children and families.
- A notice in each clinical room advised patients that chaperones were available if required. Qualified nurses acted as chaperones and were trained for the role and had received a Disclosure and Barring Service (DBS) check. Administration staff were also occasionally used as chaperones. They were trained for the role and had received a risk assessment for the need of a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

## Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. . On the day of inspection the practice could not provide us with the immunisation status against Hepatitis B for clinical staff involved in direct patient care (GPs, nurses, health care assistants). Following our inspection the practice provided this information and confirmed the immunisation status of these staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. The practice carried out regular medicines audits, with the support of the NHS Nene CCG medicines management team and the attached pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the practice had audited the antibiotic prescribing for patients with respiratory infections and found it was in line with current guidelines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had a system in place to assess and manage risks to patients on high risk medicines. The practice told us they acted in accordance with the shared care agreements in place with secondary care for patients receiving Warfarin (an anticoagulant medicine to reduce the risk of blood clots forming) and adult patients receiving oral Methotrexate (a medicine used to treat rheumatoid arthritis). The practice had recently audited patients who received warfarin to ensure the required monitoring associated this medicine was up-to-date. The audit had found a number of instances where patients did not have a record of this monitoring in their record. Further investigation showed that this was in the majority of instances a recording issue in that the practice had not allocated the results from the electronic results system into the respective GP patient records. There were three specific patients that required follow up in order to ensure that their monitoring was up-to-date. We also found a similar recording issue with the monitoring of patients receiving Methotrexate. We found one patient had not been followed up for the required monitoring. After our inspection the practice wrote to us and confirmed that they had changed the process for managing the reviews of patients receiving high risk medicines and had followed up on the four specific patients identified.
- There was a named GP responsible for the dispensary. The dispensary was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had appropriate qualifications.
- Any medicines incidents or 'near misses' were recorded for learning. However the recording system was independent of the overall practice recording system. After our inspection the practice wrote to us and confirmed that they have amalgamated the reporting systems and incident reported in the dispensary will with immediate effect be part of the report to the monthly clinical meetings where all incidents were reviewed.
- The practice had a system in place to monitor the quality of the dispensing process through the Dispensing Services Quality Scheme. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access to these medicines was restricted, the keys to the secure storage held securely and there were arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to



## Are services safe?

employment. For example, proof of identification, 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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).
- There was a buddy system in place for all the different staffing groups to ensure enough staff were on duty. All staff groups covered holidays supplemented by a regular locum GP, and bank staff if needed.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available on the premises. However, during our inspection we found the main oxygen cylinder empty and no system to ensure this was checked and replaced with the spare cylinder that was available on site. After our inspection the practice had conducted a significant event analysis of this oversight and they attributed the empty cylinder to a medical emergency dealt with by the emergency services in their treatment room which had resulted in the cylinder being returned empty without their knowledge. The practice confirmed that they now have a documented system to ensure a supply of oxygen was always available for use in the event of an emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- 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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions for example patients who are pre diabetic or at high risk of developing diabetes to ensure appropriate monitoring.
- 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 were 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months (01/04/2014 to 31/03/2015), was 79%, compared to the CCG average of 79% and the national average of 78%. Exception reporting for this indicator was 7% compared to a CCG average of 16 and national average of 12%. (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).

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% where the CCG average was 91% and the national average was 88%. Exception reporting for this indicator was 2% compared to a CCG average of 17% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example antibiotic prescribing.
- Findings were used by the practice to improve services. For example, following an audit of monitoring and care of patients with chronic kidney disease (CKD) the practice had strengthened the recall system for blood tests which ensured these tests were done at the right time intervals.

### 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 which was complemented by role specific induction. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 such as asthma, COPD (chronic obstructive pulmonary disease), and for staff running minor illness clinics.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

# Are services effective?

## (for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- The practice had recently recommenced staff appraisals and the practice manager shared with us a schedule of appraisals for the five staff members (out of 40) yet to be appraised. Their appraisal were scheduled for completion by the end of October 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, moving and handling, health and safety and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and communication with the district nurse and health visitor. The pathology service was able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 out of hours service overnight and those that had attended the A&E department for emergency care. Communications to the out of hours service were faxed through while reports from the out of hours service were received electronically. A duty doctor reviewed these attendances and followed them up accordingly.

- Patients referred for an appointment within two weeks using the suspected cancer pathway referral process were followed up by a telephone call to review their progress.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other primary health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs and those that needed end of life care. The practice provided a dedicated visiting service to the three local nursing homes by the same GP ensuring continuity of care and early interventions to avoid unplanned hospital admissions.

### 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.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.

### Supporting patients to live healthier lives

- Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet or weight management, smoking and alcohol cessation. Patients were signposted to appropriate support groups for further advice.

# Are services effective?

(for example, treatment is effective)

- We saw a variety of health promotion information leaflets and resources, for example, on smoking cessation sexual health and immunisations.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 64% of patients attended for bowel screening within six months of invitation compared to national average of 58%.

- 56% attended for breast screening within six months of invitation which was similar to the national average of 73%
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 65% to 97% (CCG average: 70% to 98%) and five year olds from 70% to 98% (CCG average: 71% to 98%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. A total of 563 health checks for patients aged 40–74 had been completed in the past 12 months. 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 saw that 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 and we saw this in action during our inspection.

The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered a local service in a rural environment and staff had treated them with dignity and respect. Comments noted how staff were approachable and caring and put them at ease when consulting.

We spoke to two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that the staff at the practice had time for patients and had listened to their health care needs and supported them accordingly.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 695 patients as

## Are services caring?

carers (5% of the practice list). Written information was available on a notice board in the waiting room as well as on the practice website to direct carers to the various avenues of support available to them. There were two carer champions who took on the role of supporting carers as needed. In conjunction with the Patient Participation Group the practice held a Carer's Coffee Morning to coincide with the National Carer's Week.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG in developing an in-house ultrasound service which allowed patients to access this service locally without the need to visit the district hospital.

- The practice provided telephone consultations at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The Nurse advisor provided home visits and support to the older and vulnerable patient and provided extensive advice on benefits and other related services.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided access to pupils from nearby schools irrespective of their registration status with the practice.
- The practice offered flexibility in seeing working age people working in the local area who were not registered with the practice. For example teachers at a nearby secondary school and employees at a local car factory.
- The practice hosted the First for Wellbeing which is a social enterprise who aimed to provide an effective, integrated service that prevented poor physical and mental health. It was a partnership between Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northampton.
- A GP offered advice to new parents on childhood illnesses and how to manage them through a meeting held every six months.
- There was a domiciliary service for the housebound patient. The Community Care Coordinator visited many of these patients to advise and support them on their specific needs.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities translation services and a hearing loop available.
- The GPs routinely worked with the community nursing team to ensure continuity of care for patients who needed care at home.
- The practice supported three care homes and visited the larger of the three homes three times a week for a ward round and twice weekly the other two homes. There was a lead GP who liaised with the care homes.
- Online services were available for booking appointments and request repeat prescriptions.

### Access to the service

The practice was open Monday to Friday from 8am to 6.30pm. Extended opening hours were provided on Tuesday and Thursday when the practice was open from 7am. The practice opened one Saturday each month between 8am and 10pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a GP. Home visit requests were assessed and managed by a GP.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. The practice manager told us that the practice interpreted the lower number of complaints received to higher patient satisfaction. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, reminding GPs to keep track of any background information that influenced timely patient referrals for hospital 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 vision to deliver quality care and promote good outcomes for patients.

- The practice had a documented statement of purpose which included their aims and objectives and reflected their mission statement.
- The practice had supporting plans which reflected the aims and objectives and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and 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. However some policies we reviewed were undated and needed a review.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular meetings we saw minutes of these to confirm this. Staff also told us the practice manager kept them informed of practice matters at all times.
- An open team culture was evident and staff told us they had the opportunity to raise any issues directly to a GP or the practice manager at any time and during staff meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs and the practice manager. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.
- There were named members of staff in lead roles. For example there was a nominated GP lead for safeguarding mental health and diabetes.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with the chair of the PPG who told us that they had worked with the practice on several initiatives. For example the PPG had organised regular health education talks. Topics had included sports and exercise, stroke prevention. The PPG had recently completed an internal satisfaction survey concerning both the main and branch practices. The results were currently being analysed.
- The practice had gathered feedback from staff through staff meetings, appraisals, in-house protected learning time (PLT) meetings and discussions. The whole practice met once a quarter where practice related issues were



# Are services well-led?

Good 

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

discussed. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and aimed to improve services for its patients. There were several initiatives for example:

- The complementary medicine pilot scheme for patients with cancer, this pilot was focused on the provision of complementary medicine such as aromatherapy and reflexology with a view to supporting these patients with their emotions, anxiety and to increase their general sense of health and wellbeing.
- The provision of dedicated ward rounds by the same GP to three local nursing homes which had resulted in fewer unplanned hospital admissions from these homes.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>a) The registered person had not done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients. They had failed to identify the risks associated with the lack of monitoring information prior to prescribing high risk medications.</p> <p>b) The registered person had not done all that was reasonably practicable to follow good practice guidance and adopt control measures to make sure adequate supply of oxygen was available for use in an emergency situation.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>