

# The Meadows Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# 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 Meadows Surgery on 25 July 2017. Overall the practice is rated as requires improvement.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice carried out a thorough analysis of the significant events. Staff confirmed lessons learnt were shared but there was no documentation that supported these discussions.
- The practice had defined and embedded systems to minimise risks to patient safety.
- GPs and nurses took individual responsibility to keep up-to-date with NICE and other evidence based guidelines and its implementation. Clinical tools available on the electronic patient records and a system called Pathfinder were used to deliver care and treatment but there was no evidence of related discussions at clinical meetings.
- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed patient clinical outcomes were below CCG and national averages. However unverified data for 2016/17 obtained from the CCG showed that improvements have been made with predicted achievements of 99% of the total number of points available (541 points out of 545). QOF as demonstrated by the practice for progress so far into 2017/18 showed sustained improvements and was managed by a practice QOF lead.
- Two first stage audits had been completed. There was a forward schedule of audits which included audit dates for the two first stage audits.
- Essential mandatory training had been identified and staff had access to appropriate training resources. This included infection control, basic life support, fire safety, safeguarding and information governance.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However they also showed dissatisfaction with access to appointments.

# Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The governance structure included a number of meetings. However some meetings lacked clarity of purpose, frequency, content and formal minutes/ notes.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group (PPG) who had a programme of work to support the practice.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must improvement are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, for example establish a framework to support effective communication for both internal and external colleagues.

The areas where the provider should improvement are:

- Complete the review of the immunization status of clinical and non clinical staff and ensure a documented process to evidence compliance.
- Develop a more formal approach to support carers.
- Develop a system to record verbal complaints.
- Continue to monitor and ensure improvement to national GP patient survey results, and improve access to appointments.

This service was placed in special measures on 28 January 2016. Sufficient improvements have been made and I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Staff we spoke with confirmed lessons were shared. However we did not see documentation that supported these discussions had taken place.
- When things went wrong patients were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- There was a process to manage and act on patient safety alerts including MHRA (Medicines and Healthcare Regulatory Agency) alerts.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Medicines were checked stored and managed appropriately. Blank prescription forms were tracked and stored securely.
- Appropriate standards of cleanliness and hygiene were maintained.
- Health and safety related risks assessments including legionella and fire safety had been undertaken with appropriate controls including policies, training and monitoring in place.
- Staff acting as chaperones had received the appropriate training and Disclosure and Barring Service checks and demonstrated an understanding of their responsibilities when acting as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed patient outcomes were below CCG and national averages. However unverified data for 2016/17

# Summary of findings

obtained from the Nene Clinical Commissioning Group (CCG) showed that improvements had been made during 2016/17 with predicted achievements of 99% of the total number of points available (541 points out of 545). QOF as demonstrated by the practice for progress so far into 2017/18 showed sustained improvements and was managed by a practice QOF lead.

- Two first stage clinical audits had been completed. There was a forward schedule of clinical audits which included review of the two first stage audits.
- GPs and nurses took individual responsibility to keep up-to-date with NICE and other evidence based guidelines and its implementation. Clinical tools available on the electronic patient records and a system called Pathfinder were used to deliver care and treatment. However there was no evidence of related discussions at clinical meetings.
- Mandatory training had been identified and practice staff had all completed update training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs including end of life care. The practice held a range of multi-disciplinary meetings to coordinate care. However meetings have been cancelled recently due to poor attendance with the last meeting held approximately three months ago.
- Nursing staff supported by GPs had lead roles in chronic disease management.

## Are services caring?

The practice is rated as good for providing caring services.

- Most recent data from the national GP patient survey, published July 2017, showed patients rated the practice in line with local and national averages for most aspects of care. There were slight negative variations in satisfaction related to some nurse and receptionist interactions with patients.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients we spoke with told 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 aligned with these views.

Good



# Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 94 patients as carers which equated to approximately 2% of the practice list. Carers were opportunistically reviewed by GPs and nurses and monitored for their wellbeing and signposted to support services as needed. The practice was working with Northamptonshire Carers Association to develop a formal approach.

## Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. It proactively worked with 3SixtyCare, a federation of 28 GP practices in Kettering Corby and Wellingborough and Northamptonshire Healthcare NHS Foundation Trust to improve services.
- Routine appointment booking and repeat prescription requests could be made online.
- Six of the eight patients we spoke with said they found it difficult to get an appointment on the day through the telephone appointment system. They often had to queue early before the practice opened to secure an appointment.
- Urgent appointments were available the same day.
- Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was below the local and national averages in some areas. However, the practice had introduced several measures to make improvements.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared. However we did not see documentation that supported these discussions.

**Requires improvement**



## Are services well-led?

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

**Requires improvement**



# Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff knew about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk which had been strengthened by the appointment of a deputy manager.
- The governance structure included a number of meetings. However some meetings lacked clarity of frequency, content and formal minutes/notes. Examples included the clinical meetings, multidisciplinary team meetings, staff meetings, practice meetings and nurses meetings. Additionally the terms of reference for such meetings lacked clarity about where discussions on significant events, complaints, incidents, safeguarding, NICE and other guideline took place.
- The practice had a number of policies and procedures to govern activity.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The issues identified as requires improvement in the responsive and well led domains affected all patients including this population group.

However;

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients over 75 had a named accountable GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example eligible older people were offered flu and shingles vaccines.
- The practice supported two local care homes and visited as needed to provide healthcare for the residents.
- The practice had an arrangement with the local pharmacy to deliver medicines to the housebound patient.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The issues identified as requires improvement in the responsive and well led domains affected all patients including this population group.

However;

- Nursing staff supported by GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



# Summary of findings

- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Performance for diabetes related indicators were comparable to the CCG and national average. For example in 2016/17 (unverified data supplied by the CCG) 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 was 79% compared with the CCG target of 83%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. For example patients with severe COPD who were prone to rapid deterioration were offered access to rescue medicines which are a supply of standby medicines to start if the COPD got worse before the patient was able to see a GP.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement in the responsive and well led domains affected all patients including this population group.

However;

- There were systems 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 accident and emergency (A&E) attendances.
- Childhood immunisation rates immunisation rates for vaccinations given were in line with CCG and national targets.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice operated a recall system to offer the six weeks check for mother and baby.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Requires improvement



# Summary of findings

- The practice's uptake for the cervical screening programme was 80%, compared to the CCG and national average of 81%.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice offered family planning services including contraceptive implants such as intrauterine device, or coil and referrals to related screening such as chlamydia screening.

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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The issues identified as requires improvement in the responsive and well led domains affected all patients including this population group.

However;

- 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 range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening on Monday until 7.30pm and on Tuesday from 7am which supported patients who were unable to attend the practice during normal hours.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requires improvement in the responsive and well led domains affected all patients including this population group.

However;

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

**Requires improvement**



# Summary of findings

- The practice regularly worked with other health care professionals such as the crisis response team and the intermediate care team in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- A counsellor from the local mental health trust attended the practice every two weeks to support patients with substance abuse.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 94 patients as carers which equated to approximately 2% of the practice list. Carers were opportunistically reviewed by GPs and nurses and monitored for their wellbeing and signposted to support services as needed. The practice was working with Northamptonshire Carers Association to develop a formal approach.
- Health checks, flu vaccinations and flexible appointments were available for carers.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement in the responsive and well led domains affected all patients including this population group.

However;

- The practice carried out regular reviews for patients living with dementia.
- In 2016/17 (unverified data supplied by the CCG) the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% compared with the CCG target of 83%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Requires improvement



# Summary of findings

- For example in 2016/17 (unverified data supplied by the CCG) the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared with the CCG target of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including the community drugs and alcohol team.
- Patients could access the local Wellbeing Team provided by the local community mental health trust at the practice.
- An in-house counsellor supported patients with mental health needs.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was mostly performing in line with local and national averages with the exception of access to services and some aspects of nurse and reception staff interaction with patients. 258 survey forms were distributed and 118 were returned. This represented 48% return rate (2% of the practice patient list). The results showed:

- 68% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

All of the 24 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted the practice offered an exceptional service and staff were helpful and facilitative. Staff had listened to them and had cared for them with dignity and respect. GPs had been attentive and supportive to patient needs. Two comment cards noted that it was hard to obtain an appointment with a GP on the day through the telephone appointment system.

We spoke with eight patients. They told us the care received had been appropriate and caring. However six of them told us about the difficulty they experienced when seeking an appointment with a GP on the day through the telephone appointment system. They told us that they often had to queue early before the practice opened to secure an appointment.

The PPG members we spoke with told us that they were engaged with the practice to bring about improvements. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

## Areas for improvement

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, for example establish a framework to support effective communication for both internal and external colleagues.

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

- Complete the review of the immunization status of clinical and non clinical staff and ensure a documented process to evidence compliance.
- Develop a more formal approach to support carers.
- Develop a system to record verbal complaints.
- Continue to monitor and ensure improvement to national GP patient survey results, and improve access to appointments.

# The Meadows Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Meadows Surgery

The Meadows Surgery situated at Meadow Lane, Thrapston, Kettering, Northamptonshire is a GP practice which provides primary medical care for approximately 5,000 patients living in Thrapston and the surrounding areas.

The Meadows Surgery provide 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 two partners, consisting of one male GP and a Registered Manager. There is a female salaried GP as well as one long term female locum GP. There are two advanced nurse practitioners and two practice nurses. The nursing team is supported by a health care assistant. There is a practice manager who is supported by a deputy and 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 operates out of a purpose built building. Patient care is provided on the ground floor. There is step free access to the main entrance with sensor controlled electric doors. 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. The practice offers extended opening on Monday until 7.30pm and on Tuesday from 7am. There are a variety of access routes including telephone consultations, 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

## Why we carried out this inspection

We carried out a comprehensive inspection of The Meadows Surgery on 25 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice was rated as inadequate for providing safe effective and well led services and was placed into special measures.

The full comprehensive report on the 25 November 2015 inspection can be found by selecting the 'all reports' link for The Meadows Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of The Meadows Surgery on 25 July 2017. This

# Detailed findings

inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## 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 25 July 2017.

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 a system for reporting and recording significant events.

- Staff told us that 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).
- We reviewed a sample of the 17 documented examples of significant events and found that when things went wrong with care and treatment, the patient was informed of the incident as soon as reasonably practicable, received support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again. For example we saw the practice had contacted a patient following a vaccination incident and given them an apology explanations and reassurance.
- The lead GP told us significant events were discussed, reviewed and action points noted during the monthly clinical meetings. Individual actions were taken forward by the practice manager with whole practice learning disseminated through monthly learning events. Staff we spoke with confirmed lessons were shared however we did not see documentation that supported these discussions at the monthly clinical meetings or during the monthly learning events. Following the inspection the practice wrote to confirm that the minutes of meetings had been amended to include a summary of the learning from all significant events.
- We reviewed safety records, incident reports and national patient safety alerts. For example, following an investigation of a clinical incident where an urgent referral had failed to reach the acute hospital, the practice had reviewed and strengthened their process for making urgent referrals to acute hospitals. This included checking with the intended department by telephone that the faxed referral had reached.
- Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice by the practice manager and disseminated

to the appropriate staff for action. We noted appropriate actions were taken following receipt of alerts. For example we reviewed a patient safety alert related to a medicine used to treat epilepsy and bipolar disorder and occasionally used to treat migraine or chronic pain. We found that the practice had acted on the recommendations and ensured girls and women of childbearing potential were prescribed this medicine with caution.

### Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. A summary sheet about safeguarding with contact details was available in each consultation and clinical room. A designated GP was the lead for safeguarding. The GPs provided reports, attended safeguarding meetings and shared information with other agencies where necessary. The lead GP told us that they held twice monthly meetings with the health visitor district nurse and a member from the mental health team to discuss the care of vulnerable patients. However we did not see records of such meetings. The electronic patient record had a marker to alert staff to a patient with safeguarding needs. The practice also held registers of children in need and also of vulnerable children and adults.
- Staff demonstrated they understood their responsibilities. For example we saw that reception staff had referred a safeguarding concern regarding a child to the duty doctor to ensure their safety and wellbeing. Staff had received the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS)

## Are services safe?

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).

- The practice maintained appropriate standards of cleanliness and hygiene.
- We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an IPC protocol and staff had received up to date training. Monthly and annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- At the time of our inspection we noted that the practice was in the process of reviewing the immunisation status of applicable clinical and non clinical staff. The occupational health department of the local acute general hospital was undertaking this review. The practice manager told us that the time scale for completion of this work could take up to four months as it was dependent on the antibody titres for hepatitis B.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. There was a policy for monitoring of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We checked patients that received high risk medicines and found they were appropriately monitored.
- The practice carried out regular medicines audits, with the support of the Nene CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example through the participation with the CCG prescribing

achievement framework the practice had improved antibiotic prescribing and reviewed the prescribing of a medicine used as sleeping pills and minor tranquillisers. The practice recognised the need to follow up on continued progress in two main areas, that of antibiotic and benzodiazepine prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients to vacate the premises.
- All electrical and clinical equipment had been checked and calibrated to ensure it was safe to use.
- The practice had a variety of other risk assessments 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 were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice operated a buddy system to cover holidays and planned absence. The practice used locum staff. Locum packs were available that contained information about the practice and the locality. The practice had a system to support locums including buddy arrangements so a locum could liaise with a GP should there be a need.

## Are services safe?

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- In addition to the two anaphylaxis kits available, emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was kept off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of 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 patients' needs. These included the use of clinical tools available on the electronic patient records and a system called Pathfinder to deliver care and treatment. Even though GPs and nurses took individual responsibility to keep up-to-date with NICE and other good practice guidelines and implement any changes as needed we were not shown any records of related discussions at a clinical meeting or a record of applicable NICE and other guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice used the referral pathways and templates available within the Pathfinder system to ensure patients were referred appropriately for urgent cancer care. We also saw that the practice used recall registers and templates to review patients with long term conditions.

### 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 for 2015/16 were 83% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

We reviewed the unverified QOF results obtained from the CCG for 2016/17 (which were due for publication) which showed that the practice had made improvements and the predicted achievements were 99% of the total number of

points available (541 points out of 545). QOF as demonstrated by the practice for progress so far into 2017/18 showed sustained improvements and was managed by a practice QOF lead.

### Data from QOF showed:

- In 2015/16 performance for diabetes related indicators were below the local and national averages. The practice achieved 69% of available points, with 3% exception reporting, compared to the CCG average of 94%, with 14% exception reporting, and the national average of 90%, with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

However a review of the unverified QOF results obtained from the CCG for 2016/17 showed that the practice had improved its performance to 97% having achieved 83 of the available 86 points for diabetic related indicators.

For example in 2016/17 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 was 79% compared with the CCG target of 83%.

- In 2015/16 performance for mental health related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 18% exception reporting, compared to the CCG average of 96%, with 15% exception reporting, and the national average of 93%, with 11% exception reporting.

A review of the unverified QOF results obtained from the CCG for 2016/17 showed that the practice had maintained the 100% having achieved 26 of the available 26 points for diabetic related indicators.

For example in 2016/17 the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared with the CCG target of 90%.

- In 2015/16 performance for chronic obstructive pulmonary disease (COPD) related indicators were below the local and national averages. The practice

# Are services effective?

## (for example, treatment is effective)

achieved 66% of available points, with 11% exception reporting, compared to the CCG average of 98%, with 11% exception reporting, and the national average of 96%, with 11% exception reporting.

However a review of the unverified QOF results obtained from the CCG for 2016/17 showed that the practice had improved its performance to 100% having achieved 35 of the available 35 points for COPD related indicators.

For example in 2016/17 the number of patients with COPD who have had influenza immunisation in the preceding 12 months was 100% compared with the CCG target of 90%.

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been contacted by telephone before being subject of exception. The practice employed a QOF lead who arranged recall reminders to coincide with patient's birth month so exceptions were kept to a minimum.

The practice was introducing systems to ensure quality improvement including clinical audit:

- We looked at two clinical audits undertaken in the past year; both of these were first stage audits where re audit dates had not been set. We discussed this with the lead GP who told us that these dates would be set shortly. Following the inspection the practice sent us a forward schedule of audits that covered varied clinical topics which spanned the next 12 months and included audit dates for the two first stage audits.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example following a minor surgery audit the practice had confirmed that all surgical samples sent for histological analysis were complete and that all malignant tissue had been completely excised. The audit also checked patients that needed a follow-up had been recalled for appropriate follow up treatment.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety governance 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 diabetes asthma and leg ulcer care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The nurse independent and supplementary prescribers were appropriately registered with a professional body and were trained in managing minor illness.
- The learning needs of staff were identified through a system of appraisals 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, and support for revalidating GPs and nurses.
- Eligible staff had received an annual appraisal in the past 12 months. Staff we spoke with confirmed this was a positive productive experience.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training.
- There were monthly protected learning time (PLT) meetings where all practice staff including GPs and other clinical staff shared their learning. Practice staff we spoke with commented they were valuable learning experiences. However we did not see any record of these meetings.

# Are services effective?

(for example, treatment is effective)

## 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 with palliative care needs to other services including with the out of hours service and community nursing services.
- There was a process to communicate with the district nurse and health visitor.
- The pathology service were able to share patient clinical information and results electronically.
- There was a system to review patients that had accessed the NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Integrated Care 24 Limited.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## 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 prior to insertion of an intrauterine device (IUD or coil) and scanned into the electronic patient record.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties were offered regular health reviews and signposted to relevant support services.
- We saw a variety of health promotion information and resources both in the practice and on their website. For example, on family health, cancer, long term conditions, alcohol addiction and minor illness.
- The practice's uptake for the cervical screening programme was 80%, compared to the CCG and national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 81% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 77% and the national average of 73%.
- 57% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Our analysis of childhood immunisation rates for vaccinations given were in line with CCG and national targets.

For five year olds, the practice achieved an average of between 93% and 96% (national averages ranged between 88% and 94%) for MMR vaccinations.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 24 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted they felt the practice offered an exceptional service and staff were helpful and facilitative. Staff had listened to them and had cared for them with dignity and respect. GPs had been attentive and supportive to patient needs.

We spoke with the chair of the patient participation group (PPG) (PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We also spoke with eight patients. They told us the care received had been appropriate and caring. Comment cards highlighted that staff responded sympathetically when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 82% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 81% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice was aware of the lower scores for receptionist interactions with patients. The practice manager told us that they planned further training events for receptionists to improve satisfaction levels. They told us that at the time the survey had been completed the practice had experienced difficulties in recruiting clinical staff. They had since recruited a nurse practitioner.

### 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. For example care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns. Patients 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.

## Are services caring?

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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%.

The practice was aware of the lower scores for some nurse interactions with patients. The practice manager told us that they planned further improvements through their supervision sessions. In addition the employment of clinical staff had improved stability for patients and the practice were confident that future surveys would show improvements to reflect this.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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

Patient information was available in the patient waiting area as well as on the practice website which told patients how to access a number of support groups and organisations.

The practice had identified 94 patients as carers which equated to approximately 2% of the practice list. The lead GP told us that on account of the small practice population carers were opportunistically reviewed and monitored by the GPs or nurses for their wellbeing and signposted to support services. Health checks, flu vaccinations and flexible appointments were available for carers. The practice manager told us that they had been in contact with Northamptonshire Carers Association and had arranged to work with them to establish a more formal approach for carers. One of the receptionists had expressed to train as a carers champion.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and 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 understood the needs of the patient population and had arrangements in place to identify and address these. The practice took part in regular meetings with NHS England and worked with the Nene Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.

- The practice was open Monday to Friday from 8am until 6.30pm. The practice offered extended opening hours on Monday until 7.30pm and on Tuesday from 7am.
- Online services were available for booking appointments and request repeat prescriptions.
- The practice provided a ring back service by a duty GP or a nurse 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 by a GP for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported two local care/nursing homes and visited patients registered with the practice as necessary to provide healthcare for the residents.
- Patients over 75 had a named accountable GP and were offered the over 75 health check.
- The practice offered flu and shingles vaccines for older people and other people at risk who needed these vaccinations.
- The practice provided specialist clinics for diabetes and asthma.
- Patients with severe COPD who were prone to rapid deterioration were offered access to rescue medicines which were a supply of standby medicines to start if the COPD got worse before the patient was able to see a GP.
- Patients had access to onsite counselling sessions provided by the local mental health trust.
- Patients had access to onsite counselling sessions by a practice counsellor.

- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- The practice had a private room adjoining to the reception area which was used to enable patients have confidential discussions away from the reception area.
- A hearing loop was available for the hard of hearing.
- The practice had an arrangement with the local pharmacy to deliver medicines to housebound patients.
- A counsellor from the local mental health trust attended the practice every two weeks to support patients with substance abuse.

### Access to the service

The practice was open Monday to Friday from 8am until 6.30pm. The practice offered extended opening hours on Monday until 7.30pm and on Tuesday from 7am. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. We checked the appointment system and the first pre bookable appointment with a GP or a practice nurse was available for the next week.

Most recent results from the national GP patient survey published July 2017 showed that patient's satisfaction as follows:

- 56% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 70% of patients said their last appointment was convenient compared with the CCG and the national average of 81%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 67% and the national average of 64%.

We also spoke with eight patients. Six of them told us about the difficulty they experienced when seeking an appointment with a GP on the day through the telephone appointment system. They told us that they often had to queue early before the practice opened to secure an appointment. Two comment cards also noted that it was hard to obtain an appointment with a GP on the day through the telephone appointment system.

The practice was aware of the lower satisfaction in relation to on the day appointments. The practice manager told us that they had introduced a number of improvements. These included:

- Engagement with the Patient Participation Group (PPG) to identify solutions following the release of the survey results in July 2016.
- Introduction of pre-bookable appointments up to three weeks in advance with protected emergency appointments which can only be booked at the GP's discretion.
- Increased the number of book on the day appointments available in the afternoons to accommodate those patients who could not telephone early in the morning.
- Arranged navigational training in the next few months as part of 3Sixty Federation's same day access project specification so patients could be sign posted to appropriate care services.
- Introduced nurse practitioner led minor illness clinics throughout the day Monday to Friday to review and

provide care for certain patients attending on the day appointments and where necessary refer them to the duty GP immediately where a consultation with a GP was needed.

The practice manager told us that they anticipated that future surveys would show improvements to reflect the above changes.

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.

The assessment was undertaken by a GP. 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 or a member of the clinical team. Home visit requests were referred to a GP who assessed and managed them as per clinical needs.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- One of the GPs was the designated responsible person who handled all complaints in the practice with support from the practice manager.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk and there was information on the practice website.

We looked at a sample of the four complaints received in the last 12 months and found these had been handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints. Action was taken as a result to improve the quality of care. For example, following a complaint regarding an urgent appointment for a child we saw that the practice had strengthened the way it communicated with patients.

We noted while staff responded to verbal complaints the practice did not keep a written record of such complaints received.

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

Staff we spoke with confirmed lessons from complaint investigations were shared however we did not see documentation that supported these discussions at the monthly clinical meetings or during the monthly learning events.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice aimed to provide high quality, safe and effective general medical services from an environment which was fit for purpose through monitored, audited and continually improving healthcare provision.
- Work in partnership with the patient to ensure mutual respect, holistic care and continuous learning and training.
- The practice was aware of the growing population of Thrapston and increased demands and was working in partnership with 3SixtyCare, a federation of 28 GP practices in Kettering Corby and Wellingborough and Northamptonshire Healthcare NHS Foundation Trust with an aim to bring health and care professionals together to provide community based prevention programmes and joined up health and care treatment and support.
- In the immediate future the practice had plans to monitor and improve the measures that have been implemented to improve access to GP appointments especially those related with on the day appointments.
- The partners were aware of the need for succession planning and were actively seeking to recruit an additional GP.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care however we found a lack of evidence to support some areas of governance infrastructures.

- There was a staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example a GP led on safeguarding and practice nurses led on asthma and diabetes.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- An understanding of the performance of the practice was maintained in key clinical outcome areas for example the QOF.
- Although there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions there was lack of evidence in relation to outcomes of investigations following significant incidents and complaints within minutes of practice meetings.
- Even though the practice told us they held a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients, and with health visitors to monitor vulnerable families and safeguarding concerns, we found that these meetings were sporadic with lack of evidence of documented discussions and agreed outcomes. Meetings had been cancelled recently due to poor attendance with the last meeting held approximately 3 months ago.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had undergone significant changes in its governance arrangements in the past 18 months and was still in the process of completing and embedding these improvements.

### Leadership and culture

- The practice prioritised safe, quality and compassionate care. Staff told us the GPs and the practice manager were approachable and always took the time to listen to all members of staff. The GPs and the practice manager told us that they operated an open door policy so staff could communicate with them freely.

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 partners encouraged a culture of openness and honesty.

We saw two documented examples from the past 12 months that we reviewed and found that the practice had systems to ensure that when things went wrong with care and treatment:

# Are services well-led?

Requires improvement 

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

The practice gave affected people support and explanation.

Whilst they kept written records, there was a lack of documentation and minimal evidence of outcomes of investigations within minutes of practice meetings.

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

- Staff told us the practice held regular team meetings. We noted that there were three meetings held between January and July 2017.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We were told that protected learning time (PLT) meeting were held monthly which provided an opportunity for staff to learn about the performance of the practice. However we did not see any record of such meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The patient participation group (PPG) usually met every other month. We spoke with the chair of the PPG. They told us that that the PPG had been instrumental in helping the practice to make several improvements. For example the PPG had worked with the practice to improve access arrangements by canvassing the employment of nurse practitioners, timely release of on the day appointments and improving the online booking system. To encourage better patient participation they held regular coffee mornings and

were proposing a short questionnaire about access at the next coffee morning in October. Through the practice newsletter the PPG had engaged patients in healthy lifestyles such as keeping a healthy blood pressure, giving information about practice services for example the practice counsellor who supported patients who felt low and under strain, which affected their health and wellbeing.

- Complaints and compliments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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.
- The practice was aware of the lower satisfaction in relation to on the day appointments from the national GP survey published in July 2017. They told us that they had introduced a number of improvements and that they anticipated future surveys would show improvements to reflect the changes made.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- Through the participation with the CCG prescribing achievement framework to improve medicine optimisation.
- By working in partnership with 3SixtyCare, a federation of 28 GP practices in Kettering Corby and Wellingborough and Northamptonshire Healthcare NHS Foundation Trust to bring about community based health prevention programmes and joined up health and care treatment and support.
- In partnership with 3SixtyCare and the 9 practices in the locality working to establish a Collaborative Care Team to provide access to care at home so unplanned admissions could be avoided.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Meeting structures that supported the governance framework including terms of reference, frequency and appropriateness of notes/minutes were not clarified and formalised.</li></ul> <p>Examples of meetings include: clinical meetings, multidisciplinary team meetings, staff meetings, practice meetings and nurses meetings.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>