

# Dr David keith Oliver

## Quality Report

Mawsley Medical  
School Road  
Mawsley  
Kettering  
NN14 1SN  
Tel: 01536 791300  
Website: [www.mawsleymedical.co.uk](http://www.mawsleymedical.co.uk)

Date of inspection visit: 06 September 2016  
Date of publication: 19/04/2017

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Dr David Keith Oliver	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mawsley Village Surgery on 06 September 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.
- Risks to patients were assessed and well managed.
- 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.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.

- The practice met regularly with the PPG and responded positively to proposals for improvements.
- 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.
- 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 practice was actively engaged in a number of positive developmental projects
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- The practice should ensure they comply with relevant legislation governing the administration of medicines by non-medical staff.

# Summary of findings

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. A significant event reporting policy available for all staff to access on the practice computer system.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found that the arrangements in place for the use of Patient Group Directions required review and clarification.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the local and national averages. For example, the most recent published results showed the practice achieved 100% of the total number of points. This was comparable with the CCG average of 98% and the national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Clinical audits demonstrated quality improvement. There had been 15 clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the latest national GP patient survey published July 2016 showed patients rated the practice generally higher than local and national averages for most aspects of care. For example, 93% of patients said the last GP they saw was good at giving them enough time, compared to the CCG average of 86% and the national average of 87%.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.
- 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.
- Eighty one patients had been identified as carers, which was approximately 1.5% of the practice list. There was a carers lead who was proactive in identifying and supporting patients with caring responsibilities.
- The practice had been awarded the Northamptonshire Carers Association Bronze award.
- The practice had created an 'Elderly Forum', a group to provide information, support and opportunities for people to meet with a focus on social and health welfare.

## 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 the Nene Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could get appointments when they needed them, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. They had facilities that were suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and consultation rooms on the ground floor.

# Summary of findings

- 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.

- 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.
- The practice had a 'patient charter', which was displayed in the waiting areas, and staff knew and understood the values.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures in place to govern activity. There were staff meetings that incorporated governance awareness and updates.
- There was a clear governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. 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 clear focus on continuous learning and improvement at all levels.
- Clinical staff were actively involved with the local CCG and Federation.

**Good**



# 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



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.
- Patients aged over 75 years were offered an annual health check.
- The practice organised an annual 'Elderly Forum' for patients over 65 years of age where patients could attend an annual event to obtain advice and information and access additional health checks, including pre-diabetic screening, blood pressure and cholesterol checks and dementia screening. The event was coordinated across a number of organisations with staff attending from agencies including Age UK, the British Heart Foundation and the Northamptonshire NHS falls service.

### People with long term conditions

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

Good



- Specialist nursing staff had roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Regular dedicated clinics and health advisory session provided.
- Performance for diabetes related indicators was higher than both the local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 94% compared to the CCG and the national average of 89%.
- 95% of patients with Chronic Obstructive Pulmonary Disease (COPD) had a review undertaken in the preceding 12 months, compared to CCG average of 91% and the national average of 90%.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- Patients with individualised care plans in place were provided with a signed copy of their care plan to be kept at their home.
- For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice engaged with extended monitoring of shared care activities.
- The practice regularly reviewed their QOF (Quality Outcomes Framework) performance and achievement to identify areas which required additional focus, particularly for those patients with long-term conditions.
- The practice completed monthly and quarterly medicine reviews of all these patients.
- The practice had participated in a 'pilot' project for end of life care with a local care hospice and other providers to deliver coordinated care for those patients designed to meet the patients preferred end of life care options.

## 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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, the practice achieved a 96% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A communal baby weighing station was available.
- GPs completed six week and post-natal check for mothers and new born babies.
- We saw positive examples of joint working with midwives and health visitors.
- Sexual health advice was provided for young people and the practice participated in the 'C Card' scheme.
- The practice's uptake for the cervical screening programme was 84%, compared to the CCG and the national average of 81%.

Good





# Summary of findings

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Facilities were available for patient self-monitoring, for example with blood pressure equipment in the waiting area.
- Extended opening hours were offered with early morning opening at 7.45am on Fridays and late evening from 6.30pm to 8.30pm on Thursdays.
- The practice was proactive in offering online services as well as a full range of health promotion.
- The practice encouraged patients to attend cancer screening programme that reflected the needs for this age group.
- 80% 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%.
- 62% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG and the national average of 56%.
- Students attending university were able to register as a temporary patient, if required, during the holidays

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register for patients who were also carers, and had identified 81 patients (approximately 1.5%) of their list as carers and offered them flexible appointment booking, health checks and flu vaccinations.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Patients with learning disabilities were offered an annual health check. The practice had completed health checks for all 14 patients on the learning disability register in the previous 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

# Summary of findings

- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- The practice had a card system in place where patients could alert staff if they needed to speak privately.
- Patients with hearing difficulties could email the practice to make an appointment, rather than use the telephone.
- The practice was awarded Northamptonshire Carers 'Bronze Award'.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and outside of normal hours.
- The practice provided services to travellers and were able to provide flexible appointment times and support with registration administration where required.
- The practice was a designated 'Keep Safe Place'; which is a building that provides people with somewhere to feel safe or where they can access help.
- The practice was part of the Health Navigator scheme, a social prescribing pilot across Northamptonshire.

## 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).

- 86% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, compared to the CCG average of 87% and the national average of 84%.
- Performance for mental health related indicators was higher to the local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 92% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice worked with Northamptonshire IAPT service (Improving Access to Psychological Therapies) and a 'Changing Minds' worker provided counselling sessions for patients.
- 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. All staff had received Dementia awareness training.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages.

There were 253 survey forms distributed and 126 were returned. This was a response rate of 50% and represented approximately 2.4% of the practice's patient list.

Results demonstrated that overall patients were satisfied with services provided by the practice, with many outcomes higher than both local and national averages, for example;

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 74% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the CCG average of 78% and 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. We received 27 completed comment cards, all of which

were positive about the standard of care received. We also received 12 other forms of feedback, with five patients leaving comments on the CQC website and seven others writing letters or other notes.

We saw consistent themes appearing, with clinical and administration staff described as helpful, knowledgeable and caring and they treated patients with dignity and respect. All the feedback we received highlighted that staff responded compassionately when they needed help and provided support when required. All the cards included positive feedback about the practice and only three included negative comments; one card asked for the pharmacy to be open longer, another said the pharmacy service and care could be improved, whilst another card mentioned staff at reception sometimes asked questions about why an appointment was necessary. Overall, we received feedback from a range of patients, some who had recently registered and others who had been with the practice for a number of years. Six patients said they felt the practice offered an excellent service, with care delivered to meet patient's individual needs.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were respectful and caring.

The practice made use of the Friends and Family Test (FFT) through which patients who use NHS services can give feedback on their experiences. Most recent published results showed 97% of patients recommend this practice from 78 responses.

## Areas for improvement

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

- The practice should ensure they comply with relevant legislation governing the administration of medicines by non-medical staff.

# Dr David Keith Oliver

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Dr David Keith Oliver

Mawsley Village Surgery is also known as Dr David Keith Oliver and provides a range of primary medical services and dispensing facilities to the residents of Mawsley and surrounding villages. The practice first opened as a new practice using temporary accommodation in 2003. It moved into new purpose built medical centre premises in 2006.

The practice population is predominantly white British with a higher than average number of patients below 14 years of age and between the ages of 35 and 54 years. National data indicates the area is one of low deprivation, with the area in the least deprived decile. The practice has approximately 5,160 patients with services provided under a General Medical Services (GMS) Contract, a nationally agreed contract with NHS England.

The practice is led by a principal GP and also has one salaried GP and four regular locum GPs, four male and two female. The nursing team consists of two advanced nurse practitioners and three part-time nurse specialists, all female. There is a team of reception and administrative staff led by a practice manager.

The practice is open from 8am to 6.30pm Monday to Friday. Extended opening hours are offered with early morning opening at 7.45am on Fridays and late evenings from 6.30pm to 8.30pm on Thursdays.

When the practice is closed, out-of-hours services are provided by Nenedoc, information about how to contact services was provided on the practice telephone message, posters on display at the practice and on the practice website.

## 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 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 visit on 06 September 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse practitioners, the practice manager and reception staff.
- Spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how staff interacted with patients, carers and/or family members.

# Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- The practice had a significant event policy for staff to follow when reporting incidents and events. The policy was available on the practice computer system for all staff to access and contained an incident reporting form for staff to complete. Each event was categorised by seriousness and assessed for risk. 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).
- Significant events were initially discussed with the practice manager and relevant staff members and immediate concerns acted upon. All significant events were then reviewed and discussed at the monthly practice meetings that all levels of staff attended.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, 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.

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. We reviewed a selection of the completed forms which showed that lessons learnt were noted and shared and action was taken to improve safety in the practice. For example, we saw that following a situation where a delivery of vaccines had been left at reception after delivery and had not been refrigerated upon receipt. The practice determined if it was still safe to use the vaccines. Following the incident the practice had reviewed all staff training and revisited the cold chain policy to ensure it was up-to-date and reminded staff about the urgency of maintaining the integrity of the cold chain for refrigerated medicines. We noted that there had been no repeated events of this nature at the practice since.

### 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level for child (level 3) and adult safeguarding.
- A notice in the waiting room 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) 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 visibly clean and tidy. One of the nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, dispensing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management

# Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. A named GP was the prescribing lead for the practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines. However, we found that three PGDs had been created by the practice and had not been formally agreed with a pharmacist or had statutory body authorisation. As soon as this was identified the practice agreed to replace the PGDs with Patient Specific Directions, which meant that nurses could administer medicines in specific patient related cases only. The practice advised us that the situation with regard to the CCG involvement and approval of PGDs had changed and they had not engaged in the process for some time. The practice agreed to contact the CCG to ensure they followed legislation in the production and adoption of PGDs.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.
- Dispensary staff showed us standard operating 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 because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- We reviewed three staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical and clinical equipment was checked annually to ensure it was safe and working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff worked additional hours to cover for others absences. The practice had an appropriate mix of skilled staff to deliver services.

## 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 had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff had a copy of the plan which they held off site. The practice demonstrated how



## Are services safe?

they had dealt with a situation of power loss, due to theft of electrical cable, with services being maintained due to effective liaison with neighbouring services and agencies.

# 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 patients' needs.
- NICE guidelines were discussed at the practice clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 100% of the total number of points available with an overall exception rate of 4%. This was comparable with the CCG average of 98%, with an exception rate of 6.2%, and the national average of 95% with an exception rate of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 94% (with exception reporting at 1.2%) compared to the CCG average of 89% (with exception reporting at 11.6%) and the national average of 89% (with exception reporting at 8%).
- Performance for mental health related indicators was similar to the local and national averages. For example,

the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (with exception reporting at 2.9%) compared to the CCG average of 91% (with exception reporting at 17%) and the national average of 89% (with exception reporting at 12.7%).

- Performance for dementia related indicators was similar to the local and national averages. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 86% (with exception reporting at 13%) compared to the CCG average of 87% (with exception reporting at 7.7%) and the national average of 84% (with exception reporting at 7%).

The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus. Outcomes from reviews were regularly discussed at the practice clinical meetings.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits undertaken in the last year, two 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.
- Findings were used by the practice to improve services. For example, the practice completed audits dealing with treatment of diabetes, improvement in prescribing and particularly with monitoring patients on specific medication with where care of the patient is shared between the hospital and the surgery. The practice undertook a comprehensive medication review programme with regular monthly and quarterly audits in place for high risk medication. This comprehensive approach had meant that all patients prescribed high risk medication had up-to-date reviews in place.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

# Are services effective?

## (for example, treatment is effective)

safety, health and safety and confidentiality. The practice had created an induction booklet which included information about the practice and appropriate personalised training schedules and information.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions had received additional training including diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice supported staff in learning and development with, for example dementia awareness training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, informal discussions, 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 and nursing staff. Staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and alcohol cessation. These patients were signposted to relevant services for support.
- Smoking cessation advice was offered by the nurse practitioners.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.
- Counselling sessions for patients were available from a visiting psychological well-being team.

The practice's uptake for the cervical screening programme was 84% (with exception reporting at 1.3%), which was comparable to the CCG and the national average of 81% (each with an exception reporting rate at 7%).

# Are services effective?

(for example, treatment is effective)

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- 80% 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 72%.
- 62% 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%.

Patients who had not attended for bowel screening were offered an appointment at the practice to discuss the service and its benefits to increase awareness and acceptance of the screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, the practice achieved a 96% target for childhood immunisation rates for the vaccinations given to under two

year olds compared to the national average score of 91%. For MMR vaccinations given to five year olds, the practice achieved an average of 96% compared to the national average of 91%.

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.

Patients aged over 75 years were offered an annual health check. The practice advised us 100% of patients on registers with a learning disability, dementia, mental health, and depression had all received invitations to attend for annual health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had participated in a scheme through Northamptonshire Carers in which patients monitored their health situation at home and results were shared with GPs at the practice via specialist computer software. The clinician was then able to remotely monitor the patient's condition without them having to visit the surgery. The aim of the scheme was to measure changes in temperature, breathing rate, pulse rate and urine sample to detect changes which may indicate early signs of more serious problems, such as bladder or kidney infection as to avoid hospital admissions.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Some patients said they felt the practice offered an excellent service. Staff were described as helpful, knowledgeable and caring and they treated patients with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. All of the comments cards contained positive feedback about the practice and only three had additional negative comments about the practice, two about the pharmacy opening times and one about reception staff talking with patients. However, we also received an additional 12 comments from patients either in letter form or left on the CQC website. All of these additional comments were positive and some named individual members of staff as providing exceptional, dedicated personal care.

We spoke with 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 were very positive about all the staff in the practice and described them as caring and supportive.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally higher than others for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 92% 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 said they were satisfied with the care they received and thought staff were respectful and caring. They commented they had sufficient time in their consultations to make an informed decision about the choice of treatment available to them and said they felt listened to by the GPs. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Recent results from the national GP patient survey published July 2016 showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 91% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and 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 CCG average of 85% and the national average of 85%.

## Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was a hearing loop for patients with difficulty hearing.
- Information leaflets were available for a variety of health advice support agencies.

### **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. There were links on the practice website to the NHS Choices website for patients to access information and further advice on their conditions. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers, which was approximately 1.5% of the practice list.

Carers were offered flexible appointment booking, health checks and flu vaccinations. The practice had a carers information board with written information available to direct carers to the avenues of support available to them. Strong community links had been made with local agencies and the practice had supported the formation and delivery of a proactive carers team. Information and electronic links were available on the practice website for additional advice and details of other organisations. The practice had been awarded the Northamptonshire Carers Bronze award for their awareness and work in supporting carers.

The practice was participating in a 'Health Navigator' scheme, in which a member of staff was trained and

supported to act as a 'navigator' and provided advice and support to patients in need of additional help in areas such as social exclusion. The scheme was part of the Northants Local Medical Committee social care pilot.

The practice had organised and hosted an event for patients over 65 years of age where patients attending were offered an additional range of health checks, including pre-diabetic screening, blood pressure and cholesterol checks and dementia screening. The event was coordinated across a number of organisations with staff attending from agencies including Age UK, the British Heart Foundation and the Northamptonshire NHS falls service. Advice and information about healthy activity, making a will was available. The practice also invited students from a local college to attend to offer hand, head and neck massage. Refreshments were also provided by the local group of the Women's Institute. The practice recorded 61 patients attended. Feedback was very positive and the practice plans to hold the event on an annual basis.

The practice was a designated 'Keep Safe' place, which is a building identified by the local authority that provides people with somewhere to feel safe or where they can access help.

Staff told us that if families had suffered bereavement, their usual GP or a member of the nursing team contacted them. This call was followed by a patient consultation if required and advice on how to find a bereavement support service. We also received feedback from patients who had experienced bereavement and they told us that staff at the practice had been invaluable in their understanding approach, with additional care and attention provided at a most difficult time, with GPs telephoning or visiting them to offer additional support.



# 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 the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours appointments from 6.30pm to 7.30pm on Thursday; this was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. Patients with learning disabilities were offered an annual health check. The practice had completed health checks for all 14 patients they had on their learning disability register in the previous 12 months.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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 as well as those only available privately.
- Appointment booking and cancellation and repeat prescription requests were available online.
- Translation services and a hearing loop were available.
- The practice had facilities that were suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and consultation rooms on the ground floor. A lift was available for first floor consultation rooms.
- Facilities for patients to undertake their own blood pressure monitoring and for parents to weigh their babies were available
- Separate baby changing facilities were provided.
- A phlebotomy service was provided at the practice, which meant patients did not have to travel to hospital for a blood test.

The practice had also introduced questions on the new patient registration forms to identify if patients were

military veterans, if they had a social or key worker or if they were a Looked after Child. This information was included in the patient electronic record to assist clinicians with future health care and treatment.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended opening hours were offered with early morning opening at 7.45am on Fridays and late evening from 6.30pm to 8.30pm on Thursdays. Appointments could be booked up to three months in advance. Urgent appointments were also available for people that needed them.

Recent results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher than local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and 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. Requests were reviewed and the patient contacted by telephone to assess the urgency and need for a home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk, there were posters in the waiting area and information on the practice website.

The practice had received five complaints in the last 12 months. We reviewed a selection of these and found they had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken as a result to improve the quality of care. For example, the practice had

received a complaint about how information was provided in relation to an enquiry. A thorough investigation identified that a number of staff members had been involved and it was possible some confusion had arisen about how the patient had been advised. In response the practice updated training and provided staff with refresher training in dealing with patients and recording outcomes. An appropriate apology and explanation was provided to the patient. At the time of inspection we saw that there had been no other incidents similar or related to this matter. Complaints were also documented as a significant event where necessary.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a patient 'charter' which was displayed in the waiting areas and staff knew and understood the values. The charter was a public declaration of a commitment to deliver high quality services and formed part of the relationship the practice sought to develop with its patient group.
- The statement of purpose recognised the objectives to provide the best possible effective, patient-centred care and to ensure that services were easily accessible, efficient and responsive to the individual needs of all patients.
- The practice had a strategy which reflected the vision and values.

The practice did not have a formal written business plan, with discussions at meetings forming the record of decisions and development. The practice may consider this would be of assistance when determining future priorities.

### 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.
- A comprehensive understanding of the performance of the practice was maintained. The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the clinical and administration teams demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high 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 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 and training for all staff on communicating with patients about notifiable safety incidents.
- The practice encouraged and embraced a positive culture of openness and honesty.
- Systems were in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings and we saw notes from the meetings to evidence this. Protected Learning Time was used to deliver development opportunities.
- 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.
- Staff said they felt respected, valued and supported.
- Staff had opportunities to be involved in discussions about how develop the practice, and the principal GP 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through local surveys and complaints and suggestions received.
- The PPG met regularly and the meetings were attended by the practice staff, members of the nursing team and the carers lead. The group submitted proposals for improvements to the practice management team. For example, concerns had been raised about the availability of public transport and representations had been made to local providers. Previously, the PPG had been engaged with a project to improve reduce the number of appointment missed because patients did not attend (DNA). The introduction of text reminders and the publication of the DNA rates in the waiting room to raise awareness of the impact.
- The PPG was advertised on the website and new members, particularly from the younger generation, were encouraged to join. A PPG information leaflet had been devised and was issued to newly registered patients and included in the carers pack.
- A virtual PPG had been formed which had grown to include 70 members. The practice was also engaged with the local parish councils and Women's Institute groups to discuss matters of concern and obtain feedback about developments.
- The practice made use of the friends and family test, a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results showed 98% of 59 respondents would recommend the practice. The friends and family test results and comments were discussed at the PPG meetings and the group were involved in discussions on how to make improvements.

- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

Since 2009 the practice had organised and hosted an event for patients over 65 years of age. The Elderly Forum has the support of local charities and organisation including Age UK, the British Heart Foundation and the Northamptonshire NHS falls service. The practice recorded 61 patients attended. Feedback was very positive and the practice plans to hold the event on an annual basis.

## Continuous improvement

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,

- The practice was a training GP practice.
- The practice had links with Northamptonshire University and participated a nurse mentorship scheme
- The practice participated in a social prescribing project.
- The practice participated with Leicester University in a 'student link' agreement, where a student undertook a placement at the practice undertaking administrative duties during the vacation period..