

Dr Spencer and Partners

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Spencer and Partners on 23 May 2017. 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 a system in place for reporting and recording significant events. Lessons learnt were shared to make sure action was taken to improve safety in the practice. Staff we spoke with confirmed lessons were shared however we did not see documentation that supported these discussions had taken place.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. They used clinical tools available on the electronic patient records and a system called Pathfinder to deliver care and treatment.
- 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 some aspects of nurse interactions with patients and access to care and treatment were rated below the local and national averages.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had systems to support carers.
- 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 practice proactively sought feedback from staff and patients, which it acted on.
- The practice engaged with the patient participation group (PPG). However the PPG felt their skills could be further utilised in many aspects of patient care delivery and satisfaction.

Summary of findings

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

The areas where the provider should make improvement are:

- Continue to ensure significant events and incidents are discussed at staff meetings and minutes reflect discussions on lessons learnt and changes implemented as a result.
- Continue to monitor and ensure improvement to national GP patient survey results.
- Ensure effective arrangements are in place to seek feedback from patients via patient participation group discussions and friends and family test.

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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There were arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Latest data from the Quality and Outcomes Framework 2015 – 2016 showed patient outcomes were comparable with or above average compared to the national average. For example the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92%, compared to the CCG average of 91% and the national average of 90%.
- Staff were aware of current evidence based guidance. They used clinical tools available on the electronic patient records and a system called Pathfinder to deliver care and treatment.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the most recent national GP patient survey published July 2016 showed patients rated the practice as comparable with local and national averages in relation to staff offering a caring service including listening to patients and giving them enough time during consultations.
- However data from the national GP patient survey also showed patients rated the practice lower than others for some aspects of nurse interactions with patients. For example 77% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- Survey information we reviewed, patients we spoke with and comment cards showed that patients were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- The practice had identified patients who were also carers. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example the practice in conjunction with the CCG and neighbouring five practices were working towards establishing a primary care hub to develop collaborative patient care.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages. For example, 51% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 71% and the national average of 72%.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

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

Good



- The practice had aims and plans to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the aims and plans and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group (PPG). However the PPG felt their skills could be further utilised in many aspects of patient care delivery and satisfaction.
- There was a strong focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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



- 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 and were offered the over 75 health check by a dedicated nurse.
- 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 three local care homes and visited regularly to provide healthcare for the residents.

People with long term conditions

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

Good



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

Summary of findings

patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months was 87%, compared to the CCG average of 71% and the national average of 78%.

- 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 good for the care of families, children and young people.

- 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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.
- The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG and national average.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice offered referrals to family planning and related screening such as chlamydia screening.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Early morning and late afternoon appointments were available which supported patients who were unable to attend the practice during normal hours.
- The practice was open on Saturday from 8am until and 10.30am.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- A text message reminder system was used so patients could be reminded of forthcoming appointments or sent a short message for example about a normal test result. Patients were also able to cancel appointments using this service.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.
- The practice regularly worked with other health care professionals 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

Good



Summary of findings

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.

- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 189 patients as carers (approximately 1.5% of the practice list). The practice had identified a carer's champion who provided information including a carer's pack and directed carers to the various avenues of support available to them. The practice offered carers health checks and flu vaccinations.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 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 95% where the CCG average was 91% and the national average was 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88% where the CCG average was 91% and the national average was 89%.
- 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 Wellbeing Team provided by the local community mental health trust at the practice.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was mostly performing in line with local and national averages with the exception of access to services and some aspects of nurse interaction with patients. 251 survey forms were distributed and 116 were returned. This represented 46% return rate (1% of the practice's patient list). The results showed:

- 72% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 56% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%.
- 69% 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 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. The majority of the 20 patient Care Quality Commission comment cards we received were positive about the care

experienced. Patients noted that their care experience was good and that the practice staff had looked after their needs in a friendly and cheerful way. Staff had listened to them and had cared for them with dignity and respect. GPs had been attentive and supportive to patient needs. There were positive comments about the reception staff including that they were polite and helpful. 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 during the inspection. All eight patients said they were satisfied with the care they received and thought staff were helpful, and caring. . One patient told us that a more effective synchronisation of appointments between the branch practice at Finedon and the main practice in Burton Latimer could result in better access to appointments.

The PPG members we spoke told us that they were engaged with the practice to bring about improvements. They also highlighted that the PPG had a wide skill base and there were opportunities for the practice to engage them further in many aspects of patient care delivery and satisfaction.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to ensure significant events and incidents are discussed at staff meetings and minutes reflect discussions on lessons learnt and changes implemented as a result.
- Continue to monitor and ensure improvement to national GP patient survey results.
- Ensure effective arrangements are in place to seek feedback from patients via patient participation group discussions and friends and family test.

Dr Spencer and Partners

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 Dr Spencer and Partners

Dr Spencer and Partners situated at Higham Road, Burton Latimer, Northamptonshire is a GP practice which provides primary medical care for approximately 13,520 patients living in Burton Latimer and the surrounding areas. There is a branch, the Finedon Surgery, situated in Regent Street, at the nearby village of Finedon. The practice maintains one patient list and patients can consult at any of the above locations. We did not inspect the Finedon branch at this time.

Dr Spencer and Partners 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 four GPs partners (two female and two male). There are four advanced nurse practitioners and three practice nurses. The nursing team is supported by a health care assistant and a phlebotomist. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates out of a purpose built building. Patient care is provided on the ground floor as well as on the first floor which can be accessed by stairs or lift. 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 7.30am. On Saturday the practice is open from 8am until and 10.30am. 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 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 inspection 23 May 2017.

Detailed findings

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

- The staff we spoke with told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed a sample of the eight 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 whose referral to a specialist service had not been completed in a timely way due to computer failure with an apology explanations and reassurance that the referral was now complete.
- We saw that significant events were discussed, reviewed and action points noted during the weekly 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 had taken place. Following the inspection the practice wrote to confirm that the minutes of practice wide monthly learning events had been amended to include a summary of the learning from all significant events.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, following a clinical incident in the patient waiting area the practice had reviewed and strengthened their process for responding to emergency situations and had ensured staff were refreshed with the policy and took the required precautions.
- 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 prioritisation of home visits and found that the practice had acted on the recommendations and made suitable arrangements so patients needing home visits were appropriately identified and visited at home for their care.

Overview of safety systems and processes

The practice had clearly 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 clearly 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. There were monthly meetings with the health visitor to discuss the care of vulnerable children. The outcomes of discussions about specific patients including future discussion points were recorded in their electronic records. The electronic patient record had a marker to alert staff to a patient with safeguarding needs.
- Staff demonstrated they understood their responsibilities. For example we saw that staff had referred a safeguarding concern following a home visit about an adult patient with self neglect and had worked with the local authority 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.
- The 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. 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 there were two examination couches and some privacy blinds in some consultation rooms that needed replacement. The practice confirmed with purchase orders that these were on contract for replacement within the next few weeks.

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. 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 achieved the Green award for effective prescribing. The practice employed a pharmacy advisor for one day every fortnight to help with medicine optimisation.

- 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. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four 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 occasionally used locum staff. Locum packs were available that contained information

Are services safe?

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.

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.
- 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.

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. Key points of the guidance and changes in practice were discussed during regular clinical meetings. For example we saw that the practice had discussed the guidelines related to the treatment of patients with fungal nail infection so all clinicians were aware of the prescribing guidance related to the use of anti-fungal medicines.
- 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 for urgent cancer care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 98% of available points, with 16% 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).

For example the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months was 87%, compared to the CCG average of 71% and the national average of 78%. Exception reporting for this indicator was 22% compared to a CCG average of 16% and the national average of 13%.

- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 99% of available points, with 29% exception reporting, compared to the CCG average of 96%, with 15% exception reporting, and the national average of 93%, with 11% exception reporting.

For example the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88% where the CCG average was 91% and the national average was 89%. Exception reporting for this indicator was 36% compared to a CCG average of 17% and national average of 13%.

- Performance for dementia related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 14% exception reporting, compared to the CCG average of 100%, with 12% exception reporting, and the national average of 97%, with 13% exception reporting.

For example 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 95% where the CCG average was 91% and the national average was 89%. Exception reporting for this indicator was 12% compared to a CCG average of 8% and national average of 7%.

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.

Are services effective?

(for example, treatment is effective)

In addition the practice had reviewed specific higher exception reporting, for example we found after a review the practice had concluded that the higher than average exception reporting for diabetes was due to patients being on maximum tolerated therapy.

There was evidence of quality improvement including clinical audit:

- We looked at two clinical audits undertaken in the past two years; both of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, peer review and research. The practice manager told us that a forward schedule of audits spanning subjects relevant to patient care was available. We were sent a copy and saw that it covered varied clinical topics which spanned the next 12 months.
- Findings were used by the practice to improve services. For example following the national review of asthma deaths (NRAD) we saw the practice had individually reviewed patients using inhalers and optimised their asthma care in line with good practice guidance.

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 COPD (chronic obstructive pulmonary disease).
- 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 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. All 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.

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. Regular

Are services effective?

(for example, treatment is effective)

meetings took place with other primary health care professionals through the Pro Active Care (PAC) patient management scheme when care plans were routinely reviewed and updated as needed.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.
- Verbal consent was obtained prior to insertion of an intrauterine device (IUD or coil) which was recorded on the patient's records.

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. This included the recently developed care navigation programme which aimed to promote the wellbeing of an individual in the community through timely navigation to local health and care support.

- We saw a variety of health promotion information and resources both in the practice and on their website. For example, on family health, long term conditions and minor illness.
- The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG and national average. 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:

- 84% 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%.
- 61% 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%.

Childhood immunisation rates for vaccinations given were above national averages. The practice achieved the 96% against the national target of 90% in four out of the four indicators for childhood immunisations given to under two year olds.

For five year olds, the practice achieved an average of between 96% and 99% (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. The practice had completed 391 NHS health checks in the past 12 months.

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.
- Patients could be treated by a clinician of the same sex.

The majority of the 20 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted that their care experience was good and that the practice staff had looked after their needs in a friendly and cheerful way. Staff had listened to them and had cared for them with dignity and respect. GPs had been attentive and supportive to patient needs. There were positive comments about the reception staff including that they were polite and helpful. 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 two members 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 entirely professional 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 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 97%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 82% of patients said the nurse was good at listening to them compared to the CCG and national average of 91%.
- 85% of patients said the nurse gave them enough time compared to the CCG and national average of 92%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 81% 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%.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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.

For example:

Are services caring?

- 84% 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%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice was aware of the lower rating for nurse interactions with patients. The practice manager told us that improvements were being taken forward through the monthly nurse supervision meetings with the GPs. 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 salaried GP.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 189 patients as carers which equated to approximately 1.5% of the practice list. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. A carer's pack was available with written information for carers to direct them to the avenues of support available to them. The practice was working towards the Bronze award of the Investors in Carers GP Surgery Accreditation scheme.

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 its population profile and had used this understanding to meet the needs of its population:

- 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 7.30am. On Saturday the practice was open from 8am until 10.30am.
- 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 the nurse practitioners or a GP for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported three local care homes and visited regularly to provide healthcare for the residents.
- Patients over 75 had a named accountable GP and were offered the over 75 health check by a dedicated nurse.
- 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, chronic obstructive pulmonary disease (COPD), asthma, and anticoagulation.
- 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.
- 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.
- The practice offered referrals to family planning and related screening such as chlamydia screening.
- 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. This room was also used to facilitate conversations with people hard of hearing. The practice confirmed with a purchase order that a hearing loop was scheduled for installation within the next few weeks.
- Online services were available for booking appointments and request repeat prescriptions.
- Through the Electronic Prescribing System (EPS) patients could order repeat medications online and collect the medicines from a pharmacy near their workplace or any other convenient location.

Access to the service

The practice was open Monday to Friday from 8am until 6.30pm. The practice offered extended opening on Monday until 7.30pm and on Tuesday from 7.30am. On Saturday the practice was open from 8am until and 10.30am. 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.

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

- 68% 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%.
- 51% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 71% and the national average of 72%.

Are services responsive to people's needs?

(for example, to feedback?)

- 67% 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 74% and the national average of 76%.
- 94% of patients said their last appointment was convenient compared with the CCG and national average of 92%.
- 56% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Two comment cards 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 telephone access and 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 patient preferences and solutions.
- A new telephone system which was user friendly and which gave the caller their status in the queue. The practice also intended to introduce more options on the telephone system such as direct access to extension numbers for specific person or department.
- Increased the number of reception staff available to answer the telephone at peak times.
- Care navigator training for key reception staff so patients could be sign posted to appropriate care services.
- A duty team consisting of nurse practitioners and a duty GP for on the day appointments. This system allowed nurse practitioners to review and provide care for patients attending on the day appointments and where necessary refer them to the duty GP immediately where a consultation with a GP was needed.
- Advance booking for GP consultations up to three weeks in advance. This facility was available online and through the telephone booking system.

- The use of text message reminder system so patients could be reminded of forthcoming appointments or sent a short message for example about a normal test result.
- As part of a hub of five GP practices working together to develop collaborative care arrangements.

The practice manager told us that the PPG had developed an action plan following a local patient survey and were working with the PPG to identify deliverables and timescales. Areas identified for improvements included the telephone system, appointment system including the timely release of on the day appointments and the online booking system.

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 member of the clinical duty team. 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 member of the clinical duty team or a GP. 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- 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 21 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 the non acceptance of a repeat prescription

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

request over the telephone, we saw that the practice had responded to the complainant giving an explanation including the safety issues. We also saw that the practice had offered an apology for the inconvenience caused.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice vision was to provide high quality personal health care to achieve continuous improvements on the health status of its population.
- They aimed to provide this health care in a happy environment that was responsive to people's needs and expectations and which reflected whenever possible the latest advances in primary health care.
- The practice was aware of the growing population of Burton Latimer owing to extensive new housing developments and was working as part of a hub of five GP practices to develop collaborative care arrangements.
- 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.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example a GP led on palliative care and a practice nurse led on asthma and COPD.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings as part of the protected learning time (PLT) meeting were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- 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

The practice 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 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 example 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:

- The practice gave affected people support and explanation.
- They kept written records of verbal interactions as well as written correspondence.

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs met with health visitors every month to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings every one to two months.
- 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 noted team meetings as part of the protected learning time (PLT) meeting were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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.

- The practice held regular staff social events for example during Christmas and summer.

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:

- There was a patient participation group (PPG) which met every other month. We spoke with the chair and another member of the PPG. They told us 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 facilitating the increase of reception staff at peak times, introduce a new telephone system, improving access to the pharmacy on site and introduced a practice newsletter. More recently in September 2016 the PPG had organised a local patient survey which had focused on access. Areas identified for improvements included the telephone system, appointment system including the timely release of on the day appointments and the online booking system.
- The PPG chair highlighted that its members had a wide skill base and there were opportunities for the practice to engage them further in many aspects of patient care delivery and satisfaction. In this regard they were working with the practice to improve communications especially in learning about areas for improvements and key learning points for example those arising from quality monitoring such those from complaints incidents significant events and CCG/CQC reports.

- The practice manager told us that at present very few patients had completed the NHS Friends and Family test (The NHS Friends and Family test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience). They were working with the Nene CCG to re-launch the Friends and Family Test.
- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example:

- The practice in conjunction with the CCG and neighbouring five practices were working towards establishing a primary care hub to develop collaborative patient care.
- They had recruited a prescribing advisor to support the GPs and nurse prescribers in medicine optimisation.
- They had introduced a duty team consisting of nurse practitioners and a duty GP for on the day appointments. This system allowed the nurse practitioners to review and provide care for patients needing on the day appointments and where necessary refer them to the duty GP immediately where a consultation with a GP was needed.