

# Delapre Medical Centre

## Quality Report

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Date of inspection visit: 02 March 2016  
Date of publication: 19/10/2016

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	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Delapre Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Delapre Medical Centre on 02 March 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 systematically assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were positive about the standard of care they received and about staff behaviours. They said staff were attentive, kind, thorough and helpful. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was readily available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Feedback from patients indicated access to appointments was sometimes difficult, particularly with a named or preferred GP. However, it was also reported that there was continuity of care, with urgent appointments available when required.
- 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 actively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The practice should make the following improvements:

- Continue to monitor and ensure improvement to patient survey results following recently implemented patient access systems.

# 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.

- There was an effective 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.
- When there were unexpected safety incidents, patients received reasonable support and appropriate information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with or above the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice broadly similar to local and national averages for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England and Nene Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in January 2016 showed that the practice was broadly comparable to the majority of local and national averages for access to the practice. Feedback about availability of appointment was generally positive. Although appointments with a named GP might take some time. Patients reported that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- 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.
- Older people had access to targeted immunisations such as the flu vaccine. The practice had over 2,300 patients aged over 65 years.
- Patients over 75 years of age had a named GP and a dedicated telephone number to speak directly to their GP.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 83% of patients on the asthma register had their care reviewed in the last 12 months. This was above the local CCG and national average of 75%.
- 90% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was comparable with the local CCG average of 89% and national average of 88%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.
- 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 the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices in the local area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 72% which was comparable to the local CCG and national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

## **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).

- 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 offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of normal working hours access to meet the needs of working age patients. The Delapre Medical Centre site was open from 8am until 6.30pm each day Monday to Friday for GP and nurse appointments. The Whitefields Surgery (Branch Surgery) was open from 8am until 5pm Monday and Friday and 8am until 6.30pm Tuesday to Thursday..

Good



## **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 those with a learning disability.

Good





# Summary of findings

- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- The practice had identified 317 patients on the practice list as carers. This was approximately 1.8% of the practice's patient list.

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

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

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the local CCG average of 85% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A mental health trust well-being worker was based at the practice once per week.
- There were named clinical leads for mental health and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was generally performing below local and national averages.

Of the 292 survey forms distributed 118 were returned. This was a response rate of 40%, and represented less than 1% of the practice's patient list.

- 47% said they found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 57% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average 75% and the national average 76%.
- 73% described the overall experience of their GP surgery as fairly good or very good where the CCG average was 84% and the national average 85%.
- 68% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to the 78% and the national average 79%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received eight completed cards. We also spoke with two patients during the inspection.

From this feedback we found that patients were consistently positive about the standard of care received. Patients said they felt staff were attentive, kind, thorough and helpful and that their privacy and dignity was respected at all times. They told us they felt listened to by the GPs and involved in their own care and treatment.

Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. Only one of the comment cards mentioned problems with telephone access or obtaining a pre-bookable appointment. All of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to monitor and ensure improvement to patient survey results following recently implemented patient access systems.

# Delapre Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP acting as a specialist advisor and a Practice Manager advisor.

## Background to Delapre Medical Centre

Delapre Medical Centre provides a range of primary medical services from its premises at Gloucester Avenue, Northampton, NN4 8QF. The practice has a branch surgery at Whitefields Surgery, Hunsbury Hill road, Northampton, NN4 9UW and patients can access services from either of these sites. Both sites were inspected as part of this inspection.

Throughout our report, when we refer to 'the practice', we are including both sites, unless specifically mentioned by name.

Subsequent to the inspection the provider submitted a successful application to change the name of the practice to Eleanor Cross Healthcare.

The practice has a patient list of approximately 17,185 and is a training and teaching practice. The area served is a mid-range deprived area, falling in the fifth less deprived area when compared to England as a whole.

The practice age profile broadly mirrors that of the England national profile. For example, 25% of the patients were under 18 years of age, with local CCG average of 22% and a national average of 21%. Similarly, 6% of patients were aged 75 years or older, compared to 7% in the local CCG and 8% nationally.

The clinical team includes six female and four male GPs, three nurse practitioners, four practice nurses, and three health care assistants. The team is supported by a practice manager and a range of administration, reception and secretarial staff. The practice provides services under a Personal Medical Services (PMS) contract (a locally agreed contract with NHS England).

The Delapre Medical Centre is open from 8am to 6.30pm Mondays to Fridays. The branch site, at Whitefields Surgery, is open from 8am to 5pm Mondays and Fridays, and 8am to 6.30pm Tuesday to Thursdays.

An out of hours service, for when the practice is closed, is provided by NHS 111 service.

Information about the service is provided on the practice website, the practice leaflet and is displayed on notices boards at each location.

## 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.

# Detailed findings

## How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 02 March 2016.

During our inspection we spoke with a range of staff including GP partners, the practice nurse, the practice manager and members of the reception and administration team.

We also spoke with two patients and representatives of the Patient Participation Group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed eight completed CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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 staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident 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 saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events periodically and we found that these were managed consistently on each occasion.

We reviewed safety records, incident reports, MHRA (Medicines Healthcare Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. The practice undertook a thorough investigation of incidents and provided clear written explanations of actions taken. For example, following an incident where the medicines management cold chain policy had not been followed and a delivery of vaccines had not been refrigerated, the practice issued reminders to all staff and provided additional refresher training to staff about the requirements. This included liaison with external parties responsible for delivery of medicines to the practice, and the appropriate management and subsequent destruction of the affected vaccines.

The practice had identified a GP with lead responsibility for managing the reporting and review systems for serious events and patient safety concerns.

### 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 and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to the appropriate level to manage child (level three) and adult safeguarding. Staff demonstrated that they understood their responsibilities and had received safeguarding training relevant to their roles.
- A notice in the reception area and in clinical areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or, for administrative staff, had been risk assessed to carry out the role and this was noted as being in line with the practice chaperone policy. (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 saw the practice appeared visibly clean and tidy. Hand washing facilities, including hand sanitisers were available throughout the practice.
- There were appropriate processes in place for the management of sharps (needles) and clinical waste. The practice had appointed a GP and nurse with lead responsibilities for infection prevention and control. The practice maintained liaison with the local infection prevention teams to keep up to date with best practice. The leads demonstrated a good understanding of their role. There was an infection control protocol in place and an infection control audit was recently completed. We saw evidence that action was taken to address any improvements identified as a result. A programme of infection control training was in place and all staff had completed this. All of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

## Are services safe?

audits, with the support of the local Nene Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Prescribing stationery, including blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- We reviewed the systems the practice had in place to manage staff recruitment and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, 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 displayed in the staff area which identified local health and safety representatives. The practice had an up to date fire risk assessment and a fire drill had been recently completed.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks had been identified the practice responded by completing all the necessary actions and maintained records to demonstrate this. For example, regular water temperature checks were completed. A separate COSHH (Control of Substances Hazardous to Health) risk assessment had been implemented.

- 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 system in place across all the different staffing groups to ensure that enough staff were on duty.

### 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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency which occurred within the practice.
- Staff had received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested routinely.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had systems in place to ensure that stocks of medicines were regularly reviewed and dates for use recorded. All the medicines we checked during the inspection were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. A copy of the plan was available 'off-site' and included emergency contact numbers for staff to use.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

### 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).

At the time of our inspection the most recent published results showed the practice achieved 98% of the total number of points available, with 13% 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). The practice's overall exception reporting was similar to the CCG average of 11% and the national average of 9%. We found that in the cases we looked at the exception reporting was clinically appropriate.

Additional data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. 90% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months compared against the CCG average of 89% and the national average of 88%.
- 83% of patients on the asthma register had received a review in the preceding 12 months, compared well against the CCG and the national average of 75%.

- 81% of patients diagnosed with dementia had received a face to face care review in the last 12 months, compared to the CCG average of 85% and the national average of 84%.

Clinical audits demonstrated quality improvement.

- We looked at four clinical audits completed since May 2015. Most of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Where appropriate the findings from the audits were used by the practice to improve services. For example, the practice completed an audit on the appropriate stroke prevention treatment of patients with Atrial Fibrillation. (Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate). By analysing the results and modifying its approach to the management of these patients, the practice increased the amount of patients on the appropriate form of preventative and anticoagulation treatment. The practice also increased the amount of patients identified with Atrial Fibrillation.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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. It covered such topics as fire safety, health and safety, infection prevention and control and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis.

- Staff received training that included: safeguarding, fire safety awareness, health and safety and basic life support. Most of the training was provided by the use of an e-learning facility or in-house on a face-to-face basis.

### 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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

### 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.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from the nurses.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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.

Bowel and breast cancer screening rates were similar to local and national averages.

For example:

- 59% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 60% and the national average of 58%.
- 75% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG average of 77% and the national average of 72%.

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 99% and five year olds from 93% to 99%.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children, people with long-term conditions and those over 65 years.



## Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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 area to discuss their needs.

The eight patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a very good service and staff were attentive, kind, thorough and helpful and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was broadly comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses.

For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 85% and the national average 87%.
- 96% said they had confidence and trust in the last GP they saw, compared to the CCG and national average of 95%.
- 80% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average 87% and national average 85%.

- 79% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 84% and the national average 85%.
- 76% said they found the receptionists at the practice helpful compared to the CCG average 86% and the national average 87%.

The practice displayed a good awareness of the benefits of patient feedback and routinely undertook their own surveys and reviews, often in conjunction with the PPG.

### Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were broadly similar to local and national averages.

For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average 79% and national average 82%.
- 86% 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%.

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

Directories, packs and leaflets in the patient waiting area informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 317 patients on the practice list as carers. This was approximately 1.8% of the practice's patient list.

The practice had achieved the Northamptonshire Carers Bronze Award. A dedicated carers' directory and information pack in the waiting area provided information

and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the various avenues of support available to them.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found that depending on the individuals and the circumstances involved, the GPs phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

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

- The practice targeted efforts reduced the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their individual needs, a named GP and an annual health review.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were accessible toilet facilities for all patients, a hearing loop was provided and translation services including
- The waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were male and female GPs in the practice and patients were able to choose to see a male or female doctor.
- There were six week post-natal checks for mothers and their children.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. A mental health trust well-being worker was based at the practice once every week as standard. Patients could self-refer to this service.

### Access to the service

The Delapre Medical Centre was open from 8am to 6.30pm Mondays to Fridays, with the Whitefields Surgery open from 8am to 5pm Mondays and Fridays, and extended hours

available until 6.30pm Tuesday to Thursday. In addition to GP pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was lower than the local and national averages.

- 61% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and national average of 78%.
- 47% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and the national average of 73%.
- 27% of patients said they always or almost always saw or spoke to the GP they preferred compared to the CCG average of 32% and the national average of 36%.

All of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. One of the patients we spoke with said there was occasionally a longer wait than they would like to get a pre-bookable appointment.

Where performance fell below the CCG and national average satisfaction score, we discussed what the practice had planned to address any concerns, They were aware of the outcomes and had identified steps to be taken, designed to improve performance. For example, the practice had issued publicity surrounding the changes to telephone appointments over a period of 18 months. Changes to appointments and the introduction of a Duty GP role to facilitate telephone appointments were aimed at improving access for patients. The practice had also responded to feedback about access to appointment throughout the day and had introduced lunch time appointments, aimed at patient who may have difficulties securing time away from work during the day.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

### Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.

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

- There was a designated responsible person who handled all complaints in the practice. This was the practice manager.
- We saw that information was available to help patients understand the complaints system. The practice's complaints procedure was detailed on its website and in a leaflet available from reception.

We looked at the details of three complaints received since April 2015. We saw these had all been dealt with in a timely

way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a complaint about the late running of the baby immunisation clinic, the practice increased each appointment time for that clinic from 5 to 7 minutes. This better enabled staff to complete all of the tasks for each patient appointment and reduced the late running of the clinic.

# 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 mission statement and practice charter in which it aimed to provide high quality and accessible care in a safe and friendly manner to enhance the health and lives of its patients.
- A business plan was in place to support the practice in achieving its strategic aims, objectives and values.
- The weekly partners' meeting attended by the GPs and the practice manager among others was used to monitor the implementation of the business plan and strategic direction of the practice throughout the year.

The practice had clear systems to advise patients of any changes to the delivery of services and decisions about changes were appropriately recorded within the minutes from meetings.

### Governance arrangements

The practice had a clear governance framework which supported the delivery of the strategy and good quality care. This framework 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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- They 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.

- There was a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were named members of staff in lead roles. For example, the practice had nominated GP leads for safeguarding, patients with diabetes, learning disabilities, mental health issues and dementia. There were also nurse led clinics for patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through complaints received. The PPG met regularly and its main focus at the time of our inspection was to increase the size of the group before developing more specific objectives for the future.
- The practice made use of the NHS Friends and Family Test (FFT). (The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment). The results from December 2015 to March 2016 showed that 63% of the respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.
- The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in 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 had worked hard to design and develop a new, and comprehensive, practice information booklet to be issued with the re-launch of the practice under a new provider name. Information for patients was regularly reviewed and updated to help keep patients informed of developments at the practice. The practice also ensured that its website was routinely updated with new information and guidance on how to register for access to the on-line appointments booking system or electronic prescriptions service.

The practice was a GP training and teaching practice and maintained high standards for supporting its trainees and students. One of the GPs was a qualified GP trainer.

The practice team was forward thinking and was working with three other local practices to improve outcomes for patients in the area by delivering specialist patient group education events. For example, the practice had outline plans for future development and hoped to be able to build an education suite.