Dr Arif Supple

Quality Report

Brook Health Centre
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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 Arif Supple on 12 August 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Carry our regular fire drills.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Significant events were discussed at the weekly clinical meetings. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Appropriate recruitment checks were carried out and there were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Performance data was monitored weekly to identify areas for improvement and focus. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Additional training had been provided to both GPs and nursing staff to help reduce hospital referrals. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice had a carers lead and had been accredited with a bronze carers' award from Northamptonshire Carers. The practice held an annual carers' afternoon for carers to meet and access support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Summary of findings

secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. One of the GPs and two members of the nursing team ran an urgent access clinic daily from 10.30am that enabled all patients who required an appointment to be seen. The practice offered extended opening hours from 7.30am four mornings a week and were open on Saturday mornings. The practice had good facilities and was well equipped to treat patients and meet their needs. There were disabled facilities, a hearing loop and translation services available. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. 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. We saw that regular team meetings were held and staff told us that there was an open culture within the practice. They had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular appraisals and attended staff meetings.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and sick children were offered urgent appointments at any time of the day. The premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses who all attended multi-disciplinary team meetings with the practice.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of

Summary of findings

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. Telephone consultations were available as well as extended opening hours.

People whose circumstances may make them vulnerable

Good

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. It had carried out annual health checks for people with a learning disability and offered longer appointments.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

The practice had a carers' lead and hosted an annual carers' afternoon to provide support and advice to this group of patients.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice kept a record on cancelled appointments so they could track these patients and contact them if necessary. They promoted the use of a positive mental training programme and loaned CDs to patients to access this.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing better than the local and national averages in some areas. There were 254 responses and a response rate of 43%.

- 93% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 74%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 58% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 61%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 94% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 79% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 74%.
- 73% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 68% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Two of the cards in addition to the positive comments contained negative remarks, one was in relation to seeing a different GP at each visit and the other commented on staff attitude. All levels of staff received praise with many mentioned by name as providing a good service. Patients commented that staff were polite, helpful, caring and supportive.

We spoke with seven patients who were all generally positive about the practice and said they felt involved in their care and treatment options were explained. Two of the patients said they have to wait a week to see a GP of choice but all the patients said they could get an appointment with a GP on the same day if it was urgent.

Areas for improvement

Action the service SHOULD take to improve

Carry our regular fire drills.

Dr Arif Supple

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 second CQC inspector and a GP, practice nurse and practice manager acting as specialist advisers.

Background to Dr Arif Supple

Dr Arif Supple also known as The Brook Health Centre provides a range of primary medical services to the residents of Towcester and surrounding villages. The practice has a branch surgery with a dispensary in the village of Silverstone which was not inspected as part of this inspection.

The practice population is pre-dominantly White British covering all ages. National data indicates the area is one of low deprivation. The practice has approximately 8500 patients who can be seen at either Brook Health Centre or Silverstone Surgery. Services are provided under a primary medical services contract (PMS).

There is a principal GP, male, who manages the practice. There are three salaried GPs, two female and one male. The nursing team consisted of a nurse practitioner, two nurse prescribers, a practice nurse and three phlebotomists. There are also a number of reception and administration staff led by a practice manager and office manager.

The practice is open between 8am and 6.30pm Monday to Friday and offers extended opening on Mondays and Tuesdays from 7.30am and Saturdays from 8.30am to 12pm. The Silverstone branch surgery offers extended opening on Wednesdays and Thursdays from 7.30am.

When the practice is closed out-of-hours services are provided by the Northamptonshire GP Out of Hours service which is run by Integrated Care 24 and can be accessed via the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

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?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 12 August 2015. During our inspection we spoke with a range of staff including the practice manager, GPs, nurses, reception and administration staff. We spoke with patients who used the service and we observed how staff interacted with patients during their visit to the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording incidents and significant events. Staff told us they would complete a recording form that was available in hard copy or electronically on the practice's computer system. All significant events were discussed at the weekly clinical meetings. Complaints received by the practice were also logged and discussed at clinical meetings. The practice carried out an annual review of significant events and complaints to identify any trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, confidentiality issues in the reception and waiting area were discussed and mitigating actions were agreed to reduce the risk of patients hearing sensitive information.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that 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. Staff had received training relevant to their role and demonstrated they understood their responsibilities. There was a lead GP for safeguarding children and a lead nurse for safeguarding vulnerable adults. Safeguarding was a standing agenda item on the weekly clinical meetings where any immediate concerns were discussed. The practice held monthly multi-disciplinary team meetings with the health visitors, school nurse, midwives and community nurses. The practice had developed their own alert to use on the electronic patient record of vulnerable patients. The alert would display on the records of members of the patient's family so staff were aware that additional support may be required when any member of the family visited the practice.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. Nursing and reception staff had been trained to act as chaperones and had received a disclosure and barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff kitchen. The practice had up to date fire risk assessments and but staff had not carried out a fire drill in the past 18 months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There were cleaning schedules in place and records kept to demonstrate that they had been followed. One of the nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken every three months and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). They worked with the CCG pharmacy team who visited the practice every three months to ensure they were prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Good

Are services safe?

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GPs operated a buddy system so they could cover annual leave and absences, this ensured that test results and communications were seen and acted on.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff received annual basic life support training. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a continuity disaster recovery plan in place for major incidents such as power failure or building damage. All risks had been assessed and rated with mitigating actions to put in place if required. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local clinical commissioning group (CCG) guidance. They used a system provided by the CCG which gave them access to treatment guidelines, local services and referral pathways. This system also gave them access to guidelines from NICE and they used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The nurse practitioner carried out a weekly review of the QOF data to identify where the practice was performing well and the areas that required attention. Current results showed the practice was achieving 97% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 95% of available points compared to the CCG average of 92% and the national average of 90%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 90% of available points compared to the CCG average of 88% and the national average of 88%.
- Performance for mental health related indicators was better than the CCG and national average the practice achieved 100% of available points compared to the CCG average of 94% and the national average of 90%.
- Performance for dementia related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 96% and the national average of 93%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last year, two of these were completed audits where the improvements needed were implemented and monitored. For example, one of these was an audit of patients with depression. As a result of the improvements made, these patients were seen in a timely manner.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We spoke with a member of staff that had been recently recruited and they confirmed that they had received a thorough induction.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- GPs and nursing staff had received additional training, for example in cardiology and dermatology, to reduce referral rates to other healthcare providers.

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. This included care and risk assessments, care plans, medical records and test results. NHS patient information leaflets were used to provide patients with further information about their care and treatment. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity

Good

Are services effective?

(for example, treatment is effective)

of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. All discharge letters were reviewed and patients were contacted as required. If necessary a member of the nursing team visited the patient at home. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated. They also looked at measures to put in place to prevent future hospital admissions.

The practice kept a record of cancelled appointments so they could identify patients who regularly cancelled and may need additional support or contact to ensure their ongoing needs were met.

The practice had a daily urgent access clinic that allowed patients to be seen on the same day if required. This was run by a GP and two members of the nursing team. Patients could either book an appointment or attend as a walk in patient. This had resulted in the practice having a lower than average emergency hospital admission rate per 1000 population of 10% compared to the national average of 14%.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice had a consent and capacity policy to follow when making decisions regarding consent.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The nurses were trained to give smoking cessation advice. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 82% and the national average of 82%. The practice offered reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% and five year olds from 96% to 98% Flu vaccination rates for the over 65s were 74% and at risk groups 58% These were also above the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Patients were referred to their GP if any abnormalities or risk factors were identified.

Staff informed us they promoted the use of a positive mental training programme and loaned CDs to patients to access this. Positive mental training is a self-help programme for stress, depression and anxiety and for building confidence, coping and wellbeing.

The practice had received a donation from the Towcester Rotary Club to install a patient health booth. This was situated in a private area of the practice and had the facility for patients to measure their own blood pressure, weight and height. Patients were encouraged to give the reception staff a copy of their readings so they could be reviewed by a clinician and added to the patient's electronic record.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff used a private room if patients wished to discuss sensitive issues. Music was playing in the reception area to act as a distraction and minimize the risk of patient details being overheard.

We spoke with seven patients who were all generally positive about the practice and said they felt involved in their care and treatment options were explained. Two of the patients said they have to wait a week to see a GP of choice but all the patients said they could get an appointment with a GP on the same day if it was urgent.

We received 25 patient CQC comment cards and they all contained positive remarks about the service experienced. All levels of staff were mentioned as providing a good service with many staff members mentioned by name. Patients said they felt the practice offered an excellent service. They also said staff were kind, caring and polite as well as friendly and helpful. We also spoke with three members of the patient participation group (PPG) on the day of our inspection. They also told us they were extremely happy with the care provided by the practice.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with doctors and nurses. For example:

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

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients generaly felt involved in their care planning and decisions about their care and treatment. For example:

- 83% 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%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, bereavement organisations, breastfeeding support and domestic violence advice. The practice had also compiled a folder with information of local services offering free support.

Good

Are services caring?

The staff informed us that they referred patients to the Red Cross befriending service if they felt extra support was required. For one patient this had identified the reason for multiple visits to the practice and measures had been put in place to help them.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Patients who were identified as carers and were offered additional support, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

There was a dedicated board with information for carers and the clinical care co-ordinator was the identified carer's lead. The practice had been recognised with the Investors in Carers GP Accreditation standard at Bronze level, which acknowledged efforts made by staff to support carers and develop good practice. This was awarded by Northamptonshire Carers who worked in partnership with Nene and Corby Clinical Commissioning Groups, Northamptonshire Health Care NHS Foundation Trust and Northamptonshire County Council to offer support services to carers living in Northamptonshire. The practice were also winners of the 2013 GP Carers Award after they were nominated by a family registered with the practice that recognised the support offered to them.

The practice held an annual carers' afternoon to allow carers to meet and access support and advice. They informed us they had also planned for a holistic team to visit the practice fortnightly to provide complimentary therapies, for example, head massages for carers and those being cared for.

Two of the patients we spoke with confirmed the support that was offered to them as both a carer and a patient. They had attended the carer's afternoon and found it useful. They commented that the reception staff had also arranged urgent appointments for them when requested.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This was followed up with a consultation if required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, one of the GPs and the practice manager attended the CCG locality meetings and provided feedback to the practice. The nurse practitioner reviewed the quality and outcomes framework (QOF) data each week to monitor how the practice was performing and which areas required specific focus.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours four mornings a week from 7.30am and opened on Saturday mornings from 8.30am to 12pm. This was especially useful for patients who could not attend during normal hours due to work commitments.
- Telephone consultations were available.
- There were longer appointments available for people with a learning disability and others as required.
- Sick children were offered urgent appointments at any time of the day.
- Home visits were available for older patients and other patients that needed one.
- The practice had purchased electrocardiograph (ECG) machines that could be used in patients' homes so the housebound could have this investigation without attending the practice or hospital.
- One of the GPs and two members of the nursing team ran an urgent access clinic daily from 10.30am that enabled all patients who required an appointment to be seen.
- There were disabled facilities, a hearing loop and translation services available.
- There was a lift available for patients that needed to access the first floor. The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs and there were wide automatic doors at the entrance.
- The practice hosted visiting consultants from local hospitals so patients did not have to travel for secondary care appointments.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with appointments available during these times. Extended hours surgeries were offered from 7.30am Monday to Thursday and 8.30am to 12pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local and national averages and people we spoke to on the day said they were able to get appointments when they needed them. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 74%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 74%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We reviewed the practice complaints policy and procedures and noted they 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, there was an information leaflet for patients to take away detailing the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 14 complaints received in the last 18 months and found they were satisfactorily handled and dealt with in a timely way. There was openness and transparency with dealing with the complainant and apologies had been given when required.

Learning points had been identified from concerns and complaints received with action taken as a result to

Good

Are services responsive to people's needs?

(for example, to feedback?)

improve the quality of care. For example, staff training had been identified and undertaken to ensure correct protocols were followed with administrative tasks. A review of all complaints was completed annually to identify any potential trends.

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 developed a vision statement that stated the GPs, staff and patients would work together to produce an efficient and first class service. They said that they put patients first by providing high quality seamless care and were accessible, approachable, caring and safe. Staff we spoke with demonstrated an understanding of the practice vision statement.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice which was reviewed regularly through the monitoring of the quality and outcomes framework (QOF).
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The practice was led by a principal GP with the support of the practice manager and the nurse practitioner.

They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

We saw that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They felt confident in doing so and supported if they did. Staff said they felt respected, valued and supported. They informed us that all staff were involved in the planning and development of the practice when it moved to its new premises in 2009.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice and the PPG had completed a survey in 2014, of patients who were also carers to identify additional areas of support the practice could provide. At the time of the inspection they were carrying out a survey of patient experiences of using the service and staff attitudes. All survey results were published on the practice website. The PPG met on a regular basis and the meetings were attended by the practice manager.

We spoke with three members of the PPG who told us they worked well with the practice and felt listened to. The informed us that there was very little that required change and they were all very satisfied with the practice. They said they had been consulted on the furnishings in the practice when it moved to its new premises, for example, they had chosen the waiting room chairs.

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. This was especially evident within the nursing team. Three of the nursing staff were prescribers and the practice nurse aimed to start their prescribing training within the next year. This enabled the nurses to run the urgent access clinics with the GP.