

Dr Roy Alexander

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Roy Alexander's practice on 21 June 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, but there were gaps in training for non-clinical staff.
- 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 but complaint forms and information about how to complain was kept behind the reception desk and would be given if requested. There had been no complaints received from patients to review.
- Patients said they found it easy to make an appointment with a GP and urgent appointments were available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- The GP led the practice and staff felt supported. The practice responded to patients verbal comments but did not have formal evidence of patient feedback with the exception of the national survey.
- The practice had a number of policies and procedures to govern activity, but many were overdue a review.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- The practice must ensure that all policies and procedures are reviewed, including standard operating procedures in the dispensary, introduce a system to regularly update them and make them all accessible to staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff and are recorded accurately.
- Introduce a structured induction programme for new staff to include essential training.
- Ensure all staff receive essential training such as safeguarding and chaperoning.
- Carry out a risk assessment for all potential hazards, such as window blind cords.
- Introduce a system to record and monitor hand written prescriptions.

- Ensure the business continuity plan is updated to include details of how the practice would function in the event of the building becoming unusable.

The areas where the provider should make improvement are:

- Ensure consent forms are scanned and included in the patient's record.
- Carry out a fire drill and ensure they are carried out at regular intervals.
- Ensure the complaints procedure is available for patients to view in the waiting area.
- Ensure all patients' dissatisfaction is directed via the complaints procedure.
- Continue to try to establish a patient participation group.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were generally assessed, the systems and processes to address these risks were not all implemented well enough to ensure patients were kept safe. For example, in recruitment procedures and training. There had not been a risk assessment for the window blind cords.
- The recruitment arrangements did not include all necessary employment checks for all staff and records were not complete. The practice did not have a structured induction programme for new staff which included essential training. Some staff had not completed essential training such as safeguarding and chaperoning.
- The business continuity plan was out of date and did not include details of how the practice would function in the event of the building becoming unusable.
- Many of the policies and procedures had not been reviewed for some time and the dispensary operating procedures had not been updated since 2014.
- The practice did not have a system in place to monitor hand written prescriptions.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had engaged in work with nursing home staff to build a better understanding of how to manage patients who are discharged from hospital to ensure appropriate care and follow up. They also engaged in reviews of prescribing patterns to ensure cost effective and appropriate prescribing.
- Patients said they found it easy to make an appointment and reported they found it beneficial that they always saw the same GP. There were urgent appointments available the same day and patients had access to the advanced nurse practitioner for minor illness or injury.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available but was not easily accessible to patients as it was kept behind the reception desk. There had not been any complaints in the last year but there was evidence the practice had responded to feedback from patients.

Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership from the GP and staff felt supported by them and the practice manager. The practice had a number of policies and procedures to govern activity, but some of these were over five years old and had not been reviewed.
- The practice held regular formal and informal meetings which included discussion of governance.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had endeavoured to develop a patient participation group over several years without success. They had linked with the local group of PPG chairs for the area to try to identify what may be important to patients. However, there were no posters or advertisements encouraging patients to leave feedback and the complaints procedure was not made available for patients to view in the practice. The practice did not record all events as complaints but reported them via the significant event process.
- There was a focus on continuous learning and improvement for the nurse and GP.

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

Requires improvement



The practice is rated as requires improvement for the care of older people. This is because the domains of safe and well led required improvement which impacted on all population groups.

- 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.
- The practice had close links with the local care homes to improve the procedures for dealing with patients when their condition deteriorated. They worked with the care homes to educate staff and alert them to early signs of deterioration in patients' conditions.

People with long term conditions

Requires improvement



The practice is rated as requires improvement for the care of people with long-term conditions. This is because the domains of safe and well led required improvement which impacted on all population groups.

- The advanced nurse practitioner (ANP) and GP worked closely in co-ordinating care for patients with long term conditions and those patients at risk of hospital admission who were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 76% which was comparable with the CCG and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP and ANP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement



The practice is rated as requires improvement for the care of families, children and young people. This is because the domains of safe and well led required improvement which impacted on all population groups.

- 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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individual.
- The percentage of women aged 25-64 whose notes record that a cervical screening
- test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 79% which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and the health visitor.

Working age people (including those recently retired and students)

Requires improvement



The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the domains of safe and well led required improvement which impacted on all population groups.

- 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 a range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement



The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the domains of safe and well led required improvement which impacted on all population groups.

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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. Clinical 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. Reception staff had not received training in safeguarding but could demonstrate they would act appropriately if they identified safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Requires improvement



The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the domains of safe and well led required improvement which impacted on all population groups.

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and we noted that patient satisfaction was above the local and national averages in the majority of areas. There were 235 survey forms distributed and 110 were returned which represented 4.7% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

All six patients we spoke with on the day of our inspection expressed satisfaction with the practice, although some told us they sometimes experienced a long wait when they attended the practice. They told us both the GP and nurse was caring, listened to them and managed their conditions effectively and that the reception staff were friendly and helpful.

Areas for improvement

Action the service **MUST** take to improve

- The practice must ensure that all policies and procedures are reviewed, including standard operating procedures in the dispensary. introduce a system to regularly update them and make them all accessible to staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff and are recorded accurately.
- Introduce a structured induction programme for new staff to include essential training.
- Ensure all staff receive essential training such as safeguarding and chaperoning.
- Carry out a risk assessment for all potential hazards, such as window blind cords.
- Introduce a system to record and monitor hand written prescriptions.

- Ensure the business continuity plan is updated to include details of how the practice would function in the event of the building becoming unusable.

Action the service **SHOULD** take to improve

- Ensure consent forms are scanned and included in the patient's record.
- Carry out a fire drill and ensure they are carried out at regular intervals.
- Ensure the complaints procedure is available for patients to view in the waiting area.
- Ensure all patients' dissatisfaction is directed via the complaints procedure.
- Continue to try to establish a patient participation group.

Dr Roy Alexander

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Roy Alexander

Dr Roy Alexander's practice is a single provider GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 2,370 patients living in Wellingborough and surrounding villages of Northamptonshire. A GMS contract is a standard nationally agreed contract used for general medical services providers. The practice also dispense medicines to approximately 383 patients who live further than one mile from a pharmacy.

The practice operates from a single storey building and has a ramp available to allow patients access with mobility aids and pushchairs to the side entrance of the building. The practice population has a higher than average number of patients aged over 60 years and a lower than average number of patients aged between 0 and 30 years. National data indicates that the area is one that does not experience high levels of deprivation. The practice population is made up of white British patients with small numbers of patients from other ethnic origins such as Bangladeshi, Chinese, Eastern European and African.

Dr Alexander is a sole provider of services and employs an advanced nurse practitioner, a practice manager, two reception staff and a dispenser. During times of annual leave the practice use locum GPs and nurses to provide cover for patients.

The practice is open on Monday to Friday from 8.00am until 6.30pm. When the surgery is closed services are provided by Integrated Care 24 out of hours provider who can be contacted via the service via NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 June 2016. During our visit we:

- Spoke with the practice manager, GP, advanced nurse practitioner, pharmacy dispenser and receptionists.
- Observed how patients were assisted during their visit to the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Detailed findings

- 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.

- All staff told us they would inform the GP in the first instance of any incidents who would initiate the appropriate investigation. A recording form was available and we saw evidence of completed significant events which had been appropriately dealt with and recorded. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw the practice had reviewed the policy for receiving vaccines following a significant event and staff we spoke with confirmed this.

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 following discussion with the staff. However, the policies relating to safeguarding were out of date and required a review. The practice manager told us that they were in the process of reviewing all policies and told us this was work in progress and we saw evidence of this. Staff we spoke with could demonstrate that they knew what to do if they were concerned regarding a patient's welfare and whilst the contact telephone numbers of the local

authority safeguarding team were not in the policy, staff told us they were in the book they used in the reception. Staff gave an example of when they had immediately contacted the GP to inform them when they had had a concern regarding a patient. This had been dealt with appropriately. The GP and the advanced nurse practitioner (ANP) were trained to child safeguarding level 3 and were clear regarding their responsibilities for safeguarding. However, whilst the reception staff demonstrated a general understanding of their responsibilities regarding safeguarding they had not received training in safeguarding children and vulnerable adults. The GP was the lead for safeguarding in the practice and all staff were aware of this. They attended safeguarding meetings when possible and provided reports where necessary for other agencies. The practice kept a register of vulnerable patients and had flags on the system to alert staff to patients who were vulnerable or at risk.

- We saw notices in the treatment rooms advising patients that a chaperone was available if required. The practice staff all told us that the nurse always acted as chaperone and the policy was to ensure that patients requiring a chaperone were booked at a time when the nurse would be available. However, in rare cases when the nurse was not available the reception staff did carry out chaperone duties. They had not been trained for the role and had not had a Disclosure and Barring Service (DBS) check. The practice manager told us they had applied for DBS checks for the reception staff and we saw evidence of this. (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 also told us that staff were never left alone with patients when chaperoning and staff confirmed this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The ANP was the lead for infection control and we saw evidence that they had received appropriate training for the role. There was an infection control protocol in place and staff had received up to date training from the ANP. We saw that an infection control audit had been undertaken in February

Are services safe?

2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw that a handwashing audit had been undertaken with staff by the infection control lead.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice in the main kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal) but there were some omissions. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Printed prescriptions numbers were recorded in a log and stored securely in a locked room and these were removed from the printers at the end of the day. However, whilst hand written prescription pads were securely stored, there was no process in place to record when a prescription had been taken and monitor their use. The ANP was an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the GP for this extended role and told us they could go to them at any time to discuss any prescribing issues.
- The practice had a small dispensary and the GP was the named person responsible for the dispensary. We saw that the member of staff who was the dispenser had received the appropriate training and they had had their competency assessed and signed off by the GP when commencing employment with the practice. There was a system in place to report any medicines incidents or 'near misses' and the dispenser told us the GP was always accessible if they had any concerns or queries regarding the dispensary. We saw the practice had standard operating procedures but some of these had not been updated since 2014 and some did not have dates. These covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The dispensary had a keypad lock to keep medicines secure when that were not present. The dispenser showed us the flags on the system to alert them to requests for high risk medicines which reminded staff to check that appropriate blood tests or monitoring had been carried out prior to dispensing.

- The practice did not have any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) but did have procedures in place to manage them safely when they were required. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found they were incomplete. They did not all contain evidence to demonstrate that appropriate recruitment checks had been undertaken prior to employment. For example, there were no references, or evidence of previous employment, photographic identification or record of the interview process. The practice told us they had contacted previous employers by telephone and that staff were known to them prior to employment from other practices. We did see that all files contained a copy of a signed contract of employment. The practice told us they had recently sought the services of an external company who would be dealing with recruitment procedures in the future.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the GP as the health and safety representative. The practice had up to date fire risk assessments and staff training had been carried out in July 2015 for two of the staff, however, three members of staff had not had fire training. Following our inspection the practice manager confirmed that fire training had been arranged to take place in July via an external company to include a fire drill. We saw that all electrical equipment had been checked to ensure the it was safe to use and clinical equipment was checked to ensure it was working properly. We saw documentary evidence to show that this had been checked in September 2015. The practice had other risk assessments in place to monitor safety of the premises such infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had a small clinical team consisting of one GP and one ANP and arrangements were in place for planning and monitoring the number of appointments

Are services safe?

required to meet patients' needs. The ANP worked four days per week and appointments were set up for the nurse accordingly. During times of annual leave for the nurse or GP locum staff were booked. Reception staff covered for each other during times of illness and annual leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies but the policy for major incidents required review.

- There was an instant messaging system on the computers in all the consultation and treatment rooms and a panic alert button which alerted staff to any emergency.
- All staff received annual basic life support training in June 2016 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen and adult and children's masks were available. A first aid kit and accident book were available in the reception area.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, this was incomplete and did not identify where the practice would operate from in the event of the building being unusable or contain an accurate record of contact details for current staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. They used the local 'Pathfinder' system which were locally agreed pathways of care in line with the NICE guidelines. Staff told us they also accessed NICE via the website.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the advanced nurse practitioner (ANP) had carried out an audit to determine if their interventions of patients at risk of developing diabetes had been effective.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 93.6% of the total number of points available. Exception reporting was 6.5% which was below the national and CCG levels of 9.2% and 10.7% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 87% compared to the CCG and national averages of 82% and 81% respectively.

- Performance for mental health related indicators was comparable to the national average for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the CCG and national averages of 91% and 88% respectively.

The practice had also implemented a memorandum of understanding with the nursing homes to help avoid unplanned admissions. They had worked closely with two local nursing homes where they had established good relationships and worked together to help train their staff regarding the importance of urine testing and reporting any identified risks to the GP immediately. They had initiated 'do not attempt cardio pulmonary resuscitation' (DNACPR) and discussed with the next of kin in nursing homes.

The nurse practitioner had open access for minor illnesses as they were trained in this area and also carried out monitoring of patients with diabetes and reviewed uptake of recall regularly. They had regular discussions with the GP regarding all patients with long term conditions to identify patients who were not attending who were contacted to encourage attendance. The GP managed respiratory conditions and also had a respiratory nurse specialist who attended the practice to carry out asthma and chronic obstructive airways disease (COPD) reviews.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, we saw that audit had resulted in improved, more appropriate antibiotic prescribing.

Information about patients' outcomes was used to make improvements, for example, following a significant event, the practice had displayed guidance for patients in the waiting room to educate patients regarding the need for immediate attendance at the hospital when experiencing symptoms of stroke to encourage patients not to delay or attend the practice first.

Are services effective?

(for example, treatment is effective)

Effective staffing

Clinical staff had the skills, knowledge and experience to deliver effective care and treatment and the ANP told us they had spent time with the GP and had been allowed time to orientate themselves into the practice, and they had received safeguarding, infection control and fire training, although there was no formal induction programme. Non-clinical staff had not received an induction into the practice, but they told us they were shown what to do and what was expected of them. However, there was no evidence that topics such as safeguarding, infection prevention and control, and fire safety was discussed when joining the practice.

The practice could demonstrate how they ensured role-specific training and updating for clinical staff. For example, for the ANP and GP reviewing patients with long-term conditions. The ANP had carried out training in diabetes and was undertaking a diploma in wound care and was working closely with the tissue viability nurse from the local care trust. They also told us they had regular communication with the nurse prescribing forum and could access support via the group. We noted that the nurse was due for their revalidation and saw evidence of a comprehensive portfolio of training, reflective practice and plans for development.

The ANP administered vaccines and took samples for the cervical screening programme and had received specific training which had included an assessment of competence. They told us they were attending their update training in September 2016. They had also attended their immunisation update in September 2015 and could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and nurse forums.

We saw evidence that staff had received annual appraisal in the last 12 months with the exception of a recently appointed member of staff who told us they had a date for their appraisal and had completed their pre appraisal assessment. There had not been any specific learning needs identified for non-clinical staff, although the ANP was well supported with training and development. Non-clinical staff had all been trained in basic life support but they had not received essential training in safeguarding, or fire safety or information governance.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw the practice had good systems and templates for recording long term condition reviews and other conditions.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services they ensured that DNACPR forms were scanned on the computer system and a copy was kept at the patients home.

The GP and ANP had significant knowledge of the patients with more complex needs and monitored them closely and held regular discussions regarding any issues which arose. They also worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

explanation to patients and gained written consent for all minor surgery procedures which was kept in hard copy. However, they did not scan this information into the patient's record.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, they had registers of patients who were vulnerable, elderly and those at high risk of admission due to complex conditions. The practice had links with the diabetes specialist nurse (DSN) who ran a specific group to educate patients at risk regarding their diet and lifestyle choices to prevent the onset of diabetes. They also held Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) groups for newly diagnosed patients with diabetes to help them understand their condition and identify their risks and how to manage their condition.

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were identified and provided with support and information and signposted to the relevant services where necessary. The ANP provided referral to local weight care management groups which were offered a reduced cost for patients who met a certain criteria and also referred to the dietician when necessary.

The practice did not provide a service for insertion of intrauterine devices or hormonal implants for family planning, but referred patients to the local service provided by the local health trust. The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who

did not attend for their cervical screening test. The ANP contacted patients who did not attend follow up appointments after receiving treatments for abnormal results.

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

- The number of female patients aged between 50-70 years, screened for breast cancer within 6 months of invitation was 84% compared to the CCG and national average of 79% and 73% respectively.
- The number of patients aged between 60-69 years, screened for bowel cancer within 6 months of invitation was 57% compared to the CCG and national average of 56% and 55%.

The midwife attended the practice weekly to provide care and advice to women during pregnancy. Following delivery the GP offered baby health checks and postnatal checks prior to immunisation. Childhood immunisation rates for the vaccinations given were high and comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% to and five year olds were 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We noted the practice had 25 patients on the learning disabilities register and had carried out health checks on 21 of these patients during the last year.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we noted that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Whilst space was limited in the practice, reception staff could access the treatment room if patients wanted to discuss sensitive issues or appeared distressed.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They specifically commented on how the GP and nurse gave them enough time and did not rush their consultation and listened to their concerns.

We spoke with six patients whose comments also aligned to these views, although some patients did report they sometimes had to wait once they arrived at the practice. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses in almost all areas. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. The GP gave examples of where they had worked with the families of patients requiring additional support and had discussions regarding their wishes and had liaised with other agencies to ensure the best treatment and care for the patient.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

- Information leaflets were available in the reception and waiting area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. We noted information was available for a range of support groups and services, for example, regarding abdominal aortic screening (AAA), multiple sclerosis specialist support, coeliac disease and Parkinson's disease.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as

carers which represented over 1% of the practice list size. The practice offered health checks and flu vaccinations to patients and offered flexibility to those patients who were carers when attending for appointments. Written information was available to direct carers to the various avenues of support available to them and they were offered referral to the Northamptonshire Carers Association.

Staff told us that if families had suffered bereavement, the GP contacted them and made a decision regarding the amount of support that was required dependant on the families wishes.

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. For example, they had been working to increase number of appointments at the local community phlebotomy service as patients had expressed difficulty in getting to the nearest hospital and that parking charges were high.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and any patient with medical problems that require same day consultation.
- The practice offered minor illness and minor injury appointments which were open access.
- Patients were able to receive travel vaccinations available on the NHS and the practice directed patients to local specialist centres for Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday and appointments were available between these times throughout the day. The advanced nurse practitioner (ANP) offered open access for minor illness and minor injury as well as booked appointments. Appointments were bookable by telephone or in person at reception.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them without difficulty. Some patients did comment that sometimes they had a long wait when they arrived for their appointment. However, they commented that they never felt rushed and therefore considered the wait acceptable. Staff were aware of their responsibilities when managing requests for home visits and reception staff always contacted the GP if they were unsure. The ANP had access to the GP at all times and could always contact them for advice if required.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However, they had not received any complaints in the last 12 months, therefore we were not able to evidence if they handled them appropriately. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England, except that the practice did not make information regarding how to make a complaint readily accessible for patients in the waiting area. The practice manager was the designated responsible person who would handle all complaints in the practice.

We did not have complaints to review but noted that when significant events had affected patients they had investigated them thoroughly, contacted patients and offered an explanation and apology when appropriate and had been responsive in their approach. For example, there had been a significant event which had incorporated a patient being dissatisfied with the practice's response to their treatment and we noted the practice had contacted the patient and acted appropriately with an explanation. However, this had been dealt with via their significant events process and not via the complaints process. Staff told us that general discussion took place on a daily basis regarding events which took place in the practice and they learnt from them but there was no documentary evidence of this.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The GP had a vision to deliver high quality care and promote good outcomes for patients which included a personal knowledge of the practice population. The practice had a statement of purpose which reflected this and staff we spoke with confirmed this and demonstrated they knew and understood the values. The practice had a strategy to develop the practice further in view of the increasing local population but were restricted by the number of rooms available in the building. They told us they were exploring options with commissioners regarding this.

Governance arrangements

The practice was led by the GP supported by the practice manager and was the lead for all areas except infection control which had been delegated to the advanced nurse practitioner (ANP). They were involved in all aspects of the practice and allocated areas to staff but staff were clear regarding the reporting to the GP of any anomalies and confirmed they had access to the GP or practice manager at all times.

As the practice team was small there was daily communication and sharing of information on an informal basis as well as monthly meetings where the content of the meetings was recorded. Staff were aware of their own roles and responsibilities.

The practice had specific policies but many of them needed review and we noted several copies of different policies. However, the practice manager told us they were updating these policies but that this was work in progress. For example, some policies had not been reviewed since 2011. The policies that had been updated were available to staff in the reception area.

Staff had an understanding of the performance of the practice and the ANP worked closely with the GP and practice manager to ensure that all clinical areas were being effectively monitored. There was evidence of clinical and internal audit which was used to monitor quality and to make improvements.

There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions although there were omissions for some risks. For

example, regarding recruitment procedures, training of reception staff and fire drills. However, following our inspection the practice manager informed us that fire training and a fire drill had been arranged by an external company for July 2016. They also told us they were arranging for the GP to carry out safeguarding training for reception staff.

Leadership and culture

The GP told us they prioritised safe, high quality and compassionate care which appeared to be the case in the main. However, the processes in place were not all robust enough to ensure that risks were always well managed. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The GP was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, and a verbal and written apology when they had been involved in a significant event. However, these had not been recorded as complaints nor did they have a system in place for recording verbal interactions.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to develop the practice, and the GP and practice manager encouraged all members of staff to identify opportunities to improve the services delivered by the practice.

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

Are services well-led?

Requires improvement 

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

The practice told us they encouraged and valued feedback from patients, the public and staff, although we did not see any evidence of where patients were encouraged to do this in the waiting area other than a poster advertising the Northamptonshire Patient Participation Group forum local meeting. The practice told us they had been trying of several years to generate interest from patients to form a patient participation group without success.

The national patient survey however, reported very positive feedback from patients in almost all areas of the service, demonstrating that access to appointments was easy and that patients reported they received a high level of care from the practice.

The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they felt involved and engaged to

improve how the practice was run. The ANP specifically highlighted how the practice was responsive when they had made suggestions for changes in systems to improve patient access to care. For example, they noted that if immunisation clinics were held monthly and a patient did not attend, they would need to wait for a month for their next appointment. As a result they changed the system to enable these to be called in singularly.

Continuous improvement

There was a focus on continuous learning and improvement within the practice for the nurse and GP although there was little evidence that the reception team were encouraged to develop in the same way. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had worked to address areas of prescribing to ensure more effective and optimal prescribing.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not always have established systems or processes in place to effectively assess, monitor and improve the quality and safety of services provided.</p> <p>There had been no risk assessment to determine the level of risk for blind cords in the consulting rooms.</p> <p>The business continuity plan for the practice was incomplete and did not include plans to demonstrate how the practice would function if the premises became unusable.</p> <p>This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the provider had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all persons employed received the appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Reception staff had not received essential training in safeguarding, fire and chaperoning.</p> <p>Systems were not in place to ensure appropriate induction of staff which included essential training.</p>

This section is primarily information for the provider

Requirement notices

The provider had not provided up to date policies and procedures to provide guidance and support to staff to enable them to carry out their duties.

This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the provider had not always protected people from the risks of unsafe or inappropriate care and treatment by ensuring all the required information in respect of each person employed was available and up-to-date.

Recruitment procedures and records were incomplete. Staff records did not contain all the information required, such as evidence of proof of previous employment, or conduct in previous employment.

Reception staff who carried out chaperone duties had not received disclosure and barring service (DBS) checks. A risk assessment to determine why this was not necessary had not been completed.

This was in breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

We found that the provider had not always assessed the risks to the health and safety of people receiving their care or treatment or done all that is reasonably practicable to mitigate risks.

There was no process in place to record the serial numbers of hand written prescriptions to provide an audit trail if any were missing or used inappropriately.

This was in breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.