

Bugbrooke Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bugbrooke Surgery on 1 June 2016. Overall the practice is rated as good.

Our key findings across all of 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.
- Staffing levels were monitored to ensure they matched patients' needs. Safe arrangements were in place for staff recruitment that protected patients from risks of harm.
- 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 had been identified and planned.

- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- All patients who requested same day appointments were triaged to ensure they received appropriate and timely care.
- Eligible patients were able to obtain their dispensed medicines from the practice.
- Information about how to make a complaint was readily available and easy to understand.
- The practice had good facilities and was well equipped to assess and treat patients.
- There was clear leadership structure and staff told us they felt well supported by senior staff. Management proactively sought feedback from patients which it acted on.

However, there was an area of practice where the provider should make an improvement.

Summary of findings

- Further develop a fully operational Patient Participation Group (PPG) and encourage their involvement through an efficient communications system.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learnt and communicated to all relevant staff to support improvement.
- Information about safety was recorded, monitored appropriately, reviewed and addressed.
- Risks to patients were assessed and well managed and these were re-visited when circumstances changed.
- Medicines were appropriately prescribed and dispensing procedures were safe.
- There was a recruitment policy and procedure in place to ensure patients safety was protected. We found that senior staff had adhered to the policy and procedure.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely.
- Staff had reviewed the needs of the local population and engaged with the Nene Clinical Commissioning Group (CCG) to secure improvements to patient care and treatment.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice in line with or higher than others in all aspects of care.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.

Summary of findings

- Patients had their needs explained to them and they told us they were involved with decisions about their treatment.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us it was easy to make an appointment and urgent appointments were available the same day.
- The practice provided enhanced services. For example, assessment and early diagnosis of dementia and arrangements made to support these patients in having an improved lifestyle.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- Evidence showed that senior staff responded quickly and appropriately when issues were raised.
- Learning from complaints was shared with all staff and other stakeholders.

Are services well-led?

The practice is rated as good for providing well-led services.

Good



- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- Meetings were held with another practice to share information and identify areas where improvements could be made.
- There were policies and procedures to govern activity and these were accessible to all staff.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them.
- The Patient Participation Group (PPG) was not fully active. Clear lines of communication needed to be developed to enable the PPGs involvement towards improving services.

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 good for the care of older people.

- Practice staff offered proactive, personalised care to meet the needs of older patients.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments.
- Practice staff worked with other agencies and health providers to provide patient support.
- Older patients were offered annual health checks and where necessary, care, treatment and support arrangements were implemented.
- The practice funded a minibus service every Tuesday to assist access to the practice for patients who live in local villages.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health and social care professionals to deliver a multidisciplinary package of care.
- The Proactive Care team (PAC) reviewed patients within three days of their discharge from hospital and developed care plans for them.

Summary of findings

- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

Families, children and young people

Good



The practice is rated 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.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison with the health visitor to review those children who were considered to be at risk of harm.
- When needing an appointment all children were triaged and if necessary seen the same day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Extended hours were in place that allowed children to be seen outside of school hours, appointments were available until 8pm every Monday.
- 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.

Working age people (including those recently retired and students)

Good



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

- The practice had adjusted its services to accommodate the needs of this population group. For example, GPs often commenced liaising with patients before 8am.
- Extended hours were available and telephone consultations for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Online services were available for booking appointments and ordering repeat prescriptions.

Summary of findings

- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.

People whose circumstances may make them vulnerable

Good



The practice is rated 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 who had a learning disability. A practice nurse had the lead role for organising and carrying out reviews and health checks of patients with a learning disability to promote effective relationships.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place to signpost vulnerable patients had been signposted to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice kept a register of the 2% of patients who were carers. Clinical staff offered them guidance, signposted them to support groups and offered them the flu vaccination each year.

People experiencing poor mental health (including people with dementia)

Good



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

- Patients who experienced poor mental health had received an annual physical health check.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experience poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- Referrals to other health care professionals were made when necessary.
- Clinical staff offered opportunistic screening for dementia to ensure early diagnosis and support plans developed to improve patients' well-being and lifestyles.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line in most areas with local and national averages. A total of 246 questionnaires were distributed with 106 responses received, this equated to a 43% response rate.

- 86% of patients found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 83% of patients found it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 79% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 97% of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 67% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

During our inspection we spoke with four patients. They told us they were satisfied with the care and treatment they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards all were positive about the standard of care they received. Some described their care as excellent. We also spoke with one member of the Patient Participation Group (PPG) who were also registered patients. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were very satisfied with the care they received and that all clinical staff provided care that met their needs.

Areas for improvement

Action the service **SHOULD** take to improve

- Further develop a fully operational Patient Participation Group (PPG) and encourage their involvement through an efficient communications system.

Bugbrooke Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a practice manager, specialist advisors.

Background to Bugbrooke Surgery

Bugbrooke Surgery is located in the village of Bugbrooke and provides primary medical care to people who live in surrounding villages. There are approximately 10,050 patients registered at the practice. The practice holds a General Medical Services (GMS) contract, a nationally agreed contract commissioned by NHS England.

The practice is managed by four GP partners (two male, two female) GPs who between them provide 32 clinical sessions per week. They are supported by four practice nurses who carry out reviews of patients who have long term conditions such as, diabetes. They also provide cervical screening and contraceptive advice. There are two health care assistants (HCA) who carry out duties such as, limited phlebotomy, health checks and dressings. The practice employs a practice manager, an assistant practice manager, a reception manager, six receptionists and four administrators.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role

of a GP. They currently have four qualified doctors (registrar) who are working at the practice and receiving GP training. The doctors are providing a total of 30 clinical sessions a week.

The practice is open from 7.30am until 7pm each day and closing at the later time of 8pm every Monday. Phone lines are open 8am until 12pm and from 2pm until 6.30pm. During lunch time's patients who ring and are asked to ring a mobile number. This puts patients through to a receptionist who will deal with the call.

Appointments are available from 8am until 12.20pm and from 2pm until 6.20pm each day and 7.45pm on Mondays. The practice operates a triage system for those patients who request a same day appointment. This means that a GP will contact the patient to assess their condition, give advice and if necessary provide a same day appointment. Extra appointments are available if needed. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online. Extended hours are available Monday, Tuesday, Wednesday and Thursday from 7.30am and until 8pm every Monday.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to 40% of registered patients. Medicines can be collected from the practice or from two designated outlets. The dispensary has a dispensary lead and five dispensers and an apprentice dispenser. The opening hours are from 8.30am until 1pm and from 2pm until 6.30pm each day.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by NHS Nene Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded

Detailed findings

message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them.

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. 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, 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?

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 visiting, 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 visit on 1 June 2016. During our visit we spoke with a range of staff including two GP partners, a registrar, two practice nurses, the practice manager, the deputy practice manager, the reception manager, two receptionists and three dispensing staff. We spoke with four patients who used the service and one Patient Participation Group (PPG) member who was also a registered patient. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 29 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Significant events were a standing agenda item for the weekly business meetings to share lessons learnt and to identify where further improvements could be made.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave an accurate overview of safety. The practice was in the process of putting systems in place for the use of National Reporting and Learning System (NRLS). This is a means of sharing lessons learned from safety incidents.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary following an alert to protect patients from inappropriate treatment.

We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, a

medical report had been sent to an employer before the patient had seen it. The patient was notified of the error and a system was put in place that offered all patients the opportunity to view reports about them.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. We saw that risks were addressed when identified and actions put in place to minimise them.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding who had received appropriate (level three) training to manage child and adult safeguarding. All GPs had received level three training and other clinical staff level two training to manage child and adult safeguarding. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. The reception manager was the designated lead for documentation concerning safeguarding with experience of previous professional skills in this area. All staff had received training that was appropriate to their role. Staff demonstrated that they understood their responsibilities. Staff told us that if necessary they would take the initiative by contacting relevant agencies and we were given examples of this.
- A notice was displayed in the waiting room and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone 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). Some patients we spoke with were aware that they could request a chaperone and they confirmed that clinical staff offered them this facility.

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice manager assisted with infection control and both staff members had received in depth training. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. An annual in depth audit had been carried out by a specialist from the local hospital on 10 March 2016. The overall result was positive and the two required actions had been completed.
- We reviewed six personnel files for a range of staff including GPs and the latest recruit and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

Monitoring risks to patients

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff absences were covered by other staff re-arranging or working extra shifts. GPs covered for each other and the registrars assisted. A salaried GP was due to commence working at the practice in September 2016 to enhance the GP numbers.

Medicines management

Regular medication audits were carried out and the local CCG pharmacist visited the practice weekly to ensure the GPs were prescribing within the recommended parameters of best practice.

- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that had recently been reviewed and accurately reflected current practice. Systems were in place to ensure both acute and repeat prescriptions were signed before the medicines were dispensed and given to patients. We observed this working in practice. Checks were made on the expiry dates of dispensary stock and all medicines we checked were within their expiry dates. There was a process in place to ensure patients were advised of review dates and reauthorisation of repeat medications was only actioned by clinicians. Systems were in place to deal with high risk medicines, to help ensure necessary monitoring and tests had been done and were up to date prior to medicines being dispensed. We were able to evidence that this system was in place.
- Practice staff completed a dispensary audit annually as part of the Dispensing Service Quality Scheme (DSQS) and were able to describe changes to practise as a result of these audits to improve the accuracy of the dispensing process. A second audit cycle following changes last year was being undertaken.
- No controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were kept on the premises. Patients were asked to visit a pharmacy of their choice to obtain prescribed controlled drugs.
- The practice offered two separate sites outside of the practice where patients could collect their prescribed medicines. We were assured of the safety, security and the maintenance of patient confidentiality at these sites. Practice staff confirmed that risk assessments had been

Are services safe?

undertaken for all of the sites. Medicines were delivered to the homes of patients who were unable to access the practice and written consent and safety checks had been carried out for this element of the service.

- The arrangements for managing medicines; including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of a safe management of medicines and prescribing practices.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training. There were emergency medicines available in the treatment room including those required to treat patients if they had adverse effects following minor surgery.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was held off site to eventualities such as loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice staff carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were up to date.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE and local guidelines and used this information to deliver care and treatment that met patients' needs.
- Clinical staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- An enhanced service included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles. The patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Clinical staff provided opportunistic screening for dementia to ensure early diagnosis and support plans developed to improve patients' well-being and life styles.
- Senior staff were engaging with Nene Clinical Commissioning Group (CCG) and staff were actively striving to make on-going improvements. Annual meetings were held with the CCG to review performance and agree ways of making further improvements to patient care. Senior staff also attended locality and federation meetings. The purpose of these is to improve patient care pathways to promote similar working practices. One of the initiatives included GPs reviewing care pathways of acute patients in order to streamline this aspect of care.
- Monthly multidisciplinary meetings included district nurses and a member of the Macmillan Team who provided palliative (end of life) care.
- Meetings were held every two weeks with Pro-active Care team (PAC). PAC staff were employed by the Clinical Commissioning Group whose objective was to make improvements through general practices. The PAC staff

consisted of nurse practitioners and nurses who carried out detailed assessments and care planning of those patients who were most at risk in their own homes or those residing in care homes. These included unplanned admissions and frail patients. GPs told us they regularly liaised directly with PAC team members. There were currently 145 patients on the unplanned admissions register.

- A practice nurse had been trained and carried out reviews of patients who had a learning disability. This provided continuity of care and effective relationships for these patients. There were 29 patients on the practice register who had a learning disability. The practice nurse regularly meets with the district Primary Care Community Nurse to check that the reviews were carried out properly.
- Another practice nurse was the lead for carrying out reviews of patients who had dementia. There were 56 patients on the practice register who had been diagnosed with dementia.
- A hospital nurse with specialist skills visited the practice weekly and provided anticoagulant assessments and treatments for registered patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). Comparisons were also made with the local Clinical Commissioning Group (CCG). QOF data published in January 2016 showed the practice was performing in line with CCG and national averages;

- The atrial fibrillation (irregular heart beat) review rate was 100% which was 1% above the CCG average and 2% above the national average. The practice exception reporting rate was 6%.
- The mental health review rate of 100% which was 4% above the CCG average and 7% above the national average. The practice exemption rating was 22%.

Are services effective?

(for example, treatment is effective)

- Performance for asthma related indicators was 100% which was 1% above the CCG average and 3% above the national average. The practice exception reporting rate was 3%.
- Performance for patients with a learning disability was 100% which was the same as the CCG and national averages. The practice exception reporting rate was 0%.
- Performance for diabetes related indicators was 93% which was 1% above the CCG average and 4% above the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 97% which was 1% lower than the CCG average and 1% above the national average.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was 2% above both the CCG average and national averages. The practice exception reporting rate was 4%.

The practice had an overall exception reporting of 8%, which was 2% lower than the local Clinical Commissioning Group (CCG) average and 1% lower than the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. This includes, for example, patients who choose not to engage in screening processes or accept prescribed medicines.

When patients did not attend for their appointments they received three reminders. If they failed to attend after this process they were exemption rated. All patients who experienced poor mental health received three reminders. We were told that the majority of these patients were also receiving care from the mental health team or were residents of the local head injury unit that had its own specialist doctor.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improvements in patient care. They included:

- Clinical staff had undertaken an audit in December 2014 of the treatments of patients who had atrial fibrillation (irregular heart beat). A further re-audit was carried out this year, which led to an increased number of patients who received treatment.

- On-going audits regarding GP prescribing were carried out by the visiting pharmacist and changes were recommended where necessary.
- Another audit undertaken concerned a specific medicine and the changes made were recorded. We saw that the results of the second audit that confirmed improvements had been achieved in the use of this medicine.
- Audits were carried out regarding the minor surgery report for monitoring post procedure complications.

Effective staffing

Staff had the skills, knowledge and experience to deliver appropriate care and treatment. There was evidence of a strong ethos for staff training.

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were provided with a handbook at the commencement of employment that provided them with practice information and policies that they could refer to.
- The practice had a training programme in place and extra courses were provided that were relevant to roles. For example, administration of vaccines, the cervical screening procedure and reviews of patients with long term conditions. Staff who administered vaccines could demonstrate how they stayed up to date with changes of the immunisation programmes.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they were able to ask for additional support at any time. All staff had received 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. Staff we spoke with told us they had the opportunity to build on their knowledge and

Are services effective?

(for example, treatment is effective)

development to enhance services provided to patients. For example a practice nurse attended specialist training in diabetes care to enable them to take the lead in reviews for these patients.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours care team.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs in an appropriate and timely way. Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.
- The practice staff had protected learning time every month when staff shared knowledge and received training. Occasionally there would be speakers, for example a cardiologist had attended to talk about communication systems between the practice and hospital services.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All GPs had received MCA and Deprivation of Liberties

training. GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines.
- Written consent was obtained before each minor surgery procedure commenced.

Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity. Patients were then signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The practice's uptake for the cervical screening programme was 100%, which was 2% above both the CCG and national averages. The practice exemption rating was 2%.
- Patients who had not attended reviews were contacted and asked to make an appointment. Letters for patients who had a learning disability were in easy read format to assist them in understanding the need for their health check. Patients who failed to attend for their appointments were sent reminders advising them of the need to attend.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast

Are services effective?

(for example, treatment is effective)

cancer screening. Data told us that 81% of eligible female patients had attended for breast screening during a 36 month period, which was 10% higher than the CCG average and 9% above the national average. Also 60% of eligible patients had undergone bowel screening in the last 30 month period, which was in line with the CCG and national averages.

- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were comparable with or above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 98% and five year olds from 99% to 100%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This included face to face contact and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The nine patients we spoke with and the PPG members were very complimentary about the way in which all staff communicated with them.
- All of the 14 patient comment cards we received were positive about the service they received and about how staff liaised and kept patients informed.
- Patients told us that staff provided either a good or an excellent service.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 85% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 92% of patients said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.

- 98% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 97% and national average of 97%.
- 93% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

We were shown a copy of the Spring Newsletter that patients could pick up and take away with them. It provided information about staff changes, closing dates, health updates and an invitation for patients to join the Patient participation group (PPG).

Care planning and involvement in decisions about care and treatment

We spoke with four patients and reviewed 29 comment cards on the day of our inspection which confirmed that patients felt involved with decisions about their healthcare and treatment. Patients spoke positively about the way that GPs and nurses explained their condition and the options available to them about their care needs.

Results from the national GP patient survey published January in 2016 shared how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages. For example:

- 79% of patients 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%.
- 76% of patients 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%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

We saw a range of health promotion advice and information leaflets about long term conditions in the waiting area that provided patients with information and support services they could contact.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. They told us that they had not needed to use the service for many years.

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

including a bereavement service. Following a bereavement a letter of condolence was sent to the family/carers and a GP offered them support and if necessary referral to a counselling service.

The practice's computer system alerted GPs if a patient was also a carer. There were 185 carers on the register which equated to 2% of registered patients. There was a dedicated notice board and forms available for patients to complete if they considered themselves to be a carer. The information displayed included details of various support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients. Many services were provided from the practice such as; diabetic clinics ante natal care and smoking cessation advice. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- All patients who requested a same day appointment were contacted by a GP for assessment (triage), advice and if they needed a face to face appointment they were given one.
- The triage service allowed home visits to be prioritised for urgency.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- Easy read letters and leaflets including how to make a complaint were available for patients who had a learning disability to enable their understanding.
- There were extended hours available to improve patient access.
- There were facilities for patients with a disability, a hearing loop and translation services available.
- The practice provided a mini bus every Tuesday to enable patients to access the practice.

Access to the service

The practice was open from 7.30am until 7pm each day and closed at 8pm every Monday. Phone lines were open

8am until 12pm and from 2pm until 6.30pm. During lunch times patients who rang were asked to ring a mobile number. This put patients through to a receptionist who would deal with the call.

Appointments were available from 8am until 12.20pm and from 2pm until 6.20pm each day and 7.45pm on Mondays. The practice operated a triage system for those patients who requested a same day appointment. This meant that a GP would contact the patient to assess their condition, give advice and if necessary provide a same day appointment. Extra appointments were available if needed. Urgent appointments were available on the day. Routine appointments could be pre-booked in advance in person, by telephone or online. Extended hours were available on Monday, Tuesday, Wednesday and Thursday from 7.30am and until 8pm every Monday.

Senior staff informed us that the practice had a number of patients with temporary registration and that these patients were always offered appointments.

Results from the national GP patient survey published January 2016 showed that patients' satisfaction with how they could access care and treatment were mostly above local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 83% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.
- 87% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 75% and the national average of 76%.
- 79% of patients described their experience of making an appointment as positive compared to the CCG average of 73% and national average of 73%.
- 74% reported they were satisfied with the opening hours compared to the CCG average of 79% and national average of 78%.

The triage service offered was introduced a number of years ago. We were told that the monitoring of the system indicated that it provided improved on the day access for patients. We spoke with patients about the system. Most were satisfied with it although one person commented that

Are services responsive to people's needs?

(for example, to feedback?)

it reduced patient time when their health was dealt with via telephone contact with a GP. The extended hours for four mornings was also introduced as a result of the patient survey.

Patients we spoke with on the day of the inspection and comment cards we received told us that they were able to get appointments when they needed them and that they were satisfied with the opening hours.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.
- The practice kept a complaints log and there had been seven formal complaints received over the past 12 months.
- We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were reviewed regularly during staff meetings to ensure that appropriate actions had been taken.
- The practice manager told us they dealt with verbal complaints promptly through discussions with patients.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

- Clinical staff meet regularly with another practices through the Federation and Local Medical Council (LMC) meetings to share achievements and to make on-going improvements where possible.
- Senior staff had considered the needs of the future that included the proposed increase in the local population numbers that would impact on the number of registered patients.
- Senior staff had identified that further clinical staff would be needed and a salaried GP was due to commence employment in September 2016.
- Through the Federation practice staff worked with other practices by sharing information and knowledge and in developing plans for future care provision.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- Staff attended regular team meetings to discuss issues, patient care and further develop the practice.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

- The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well-run practice. They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were encouraged to consider their training needs with a view to enhancing their roles.
- The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology. We saw evidence of where 'Duty of Candour' had been applied when staff had openly explained and gave apologies to patients.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had established a Patient Participation Group (PPG) in October 2015; prior to that a virtual group was in place but had not been successful. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. In December 2015 a meeting was held for the new members to introduce themselves. Two further meetings were held in January and March 2016. Although the March meeting had a GP present and was positive there was no agenda or minutes of either of the meetings circulated. The PPG member we spoke with felt that progress was needed towards the effectiveness of the group and in establishing communications with the practice manager.

Are services well-led?

Good 

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

Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. Staff members were asked to comment before the changes were implemented.

Continuous improvement

There was focus on continuous learning and improvement at all levels within the practice. Discussions were in progress through annual meetings about how they would implement the proposed Nene Clinical Commissioning Group (CCG) model of caring strategy.