

# The Pines 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 The Pines Surgery on 21 July 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Introduce a formal process to review and monitor infection control practices including regular training updates for all staff.
- Complete alteration work commissioned to make the appointment desk equality act 2010 compliant.
- Consider introducing a structure to clinical audit reports so the methodology findings and improvements are clear.

# Summary of findings

- Continue to identify and support additional carers.
- Continue to monitor patient survey results and ensure improvement to access to the practice over the phone.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared 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.
- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



# Summary of findings

## 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 Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG and participated in the 'quality premium' scheme to improve the quality antibiotic prescribing in primary care.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- 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 leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Patients aged 75 years and older had a named GP.
- The practice was responsive to the needs of older people. The Lead Nurse Practitioner offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The GPs routinely worked with the district nursing service to ensure continuity of care for patients who needed care at home.
- The practice had identified older patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with local partners such as the community, social services to coordinate their care. Each patient had a personalised care plan had a direct contact name and telephone number to allow them direct access when needed.
- The practice supported three care homes and offered weekly ward rounds in each of the homes. There was a lead GP supported by an administrator who liaised with the care homes.
- Eligible patients were offered the Shingles Pneumococcal and Influenza vaccination.

### People with long term conditions

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

Good



- The practice maintained registers of patients with long term conditions.
- Clinical staff trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Performance for diabetes related indicators were above the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 76%, compared to the CCG average of 79% and the national average of 78%.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs or at high risk of hospital admission, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care including opportunistic reviews of their care.
- The practice worked with 'frequent flyers' (these are patients who repeatedly sought medical care in A&E such as those in respiratory distress due to chronic obstructive pulmonary disease) and where appropriate issued rescue medications in an effort to help them deal with the emergency at home and reduce the need to attend A&E.
- The practice offered an insulin initiation service for new diabetics.
- The practice undertook periodic medication reviews when repeat prescribing.
- Longer appointments and home visits were available when needed.
- Eligible patients were offered the influenza and pneumococcal vaccinations.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to CCG and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 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 health visitors.
- The practice provided contraceptive advice and services.
- The practice provided a variety of health promotion information leaflets and resources for this population group for example the discreet provision of chlamydia testing kits.

Good



# Summary of findings

## Working age people (including those recently retired and students)

Good



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

- The practice operated extended hours and offered appointments on Saturday between 8.00am and 12.00pm.
- The practice provided telephone consultations through a duty GP ring back service at the patient's request where appropriate.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice participated in the catch up vaccination programme for students aged 17 and over for MMR (measles, mumps and rubella) and Meningitis C vaccinations.

## People whose circumstances may make them vulnerable

Good



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

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Vulnerable patients were given a contact person to call and a direct dial number to bypass main reception.
- 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 support groups and voluntary organisations.
- The practice held regular review meetings involving district nurses, GP's and the local palliative care nurses for people that require end of life care and those on the palliative care register.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 29 patients as carers (less than 1% of the total practice list).



# Summary of findings

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

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

- The practice 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.
- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice maintained a register of patients with mental illness and offered them annual health reviews.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including to direct access counselling and cognitive behavioural therapy.
- Counselling services were available at the practice for patients with mental health issues which were provided by the Wellbeing Team from the local mental health trust.
- Patients with mental health needs were offered consultation with the same clinician helping with continuity of care.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 227 survey forms were distributed and 116 were returned. This represented 51% return rate (1% of the practice's patient list).

- 33% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered a convenient accessible service and staff had treated them with dignity and respect. A number of comments noted how well staff had listened and put them at ease when consulting.

We spoke with seven patients including a member of the patient participation group (PPG). They also told us they were 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.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Introduce a formal process to review and monitor infection control practices including regular training updates for all staff.
- Complete alteration work commissioned to make the appointment desk equality act 2010 compliant.
- Consider introducing a structure to clinical audit reports so the methodology findings and improvements are clear.
- Continue to identify and support additional carers.
- Continue to monitor patient survey results and ensure improvement to access to the practice over the phone.

# The Pines Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist advisor.

## Background to The Pines Surgery

The Pines Surgery situated in Kingsthorpe, Northampton, Northamptonshire is a GP practice which provides primary medical care for approximately 8,400 patients living in Kingsthorpe and surrounding areas.

The Pines Surgery provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian Polish and other Eastern European origin. The practice has a large population of older patients.

The practice has five GP partners (one male and four female). There is a long term locum at the practice who is covering planned leave of one of the female GPs. There is a nurse prescriber and two practice nurses who are supported by two health care assistants. There is a practice manager and a deputy who are supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

There is free car parking outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. Extended opening hours are provided on Saturday when the practice is open between 8am and 12pm for pre booked appointments only. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

## Why we carried out this inspection

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

## How we carried out this inspection

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

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. A receptionist coordinated the management of significant events and safety alerts. The practice used a traffic light rating system (red, amber and green or RAG) to monitor the progress of investigations and actions completed.
- 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. Significant events where appropriate were discussed daily at lunchtime meetings and reviewed at monthly practice meetings.

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, following an investigation, the practice had ensured when medication was amended the change was also reflected in repeat prescription scripts so patients received the required dosage. We saw that all involved staff had received refresher training on the procedure.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager showed us how they had acted on a recent alert related to electrical socket inserts used as covers or protectors. They had run an audit and ensured all such inserts had been taken out of use.

### 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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A designated GP was the lead for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. There were monthly meetings with the Health Visitor to discuss at risk children. For example we saw that a GP had discussed safeguarding arrangements concerning a young child where abuse was suspected. Staff demonstrated they understood their responsibilities. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in each clinical room advised patients that chaperones were available if required. Qualified nurses acted as chaperones and were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The Independent Nurse Prescriber was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff were knowledgeable about infection control. However, there was no formal process to review and update infection control practices for example an annual infection control audit. Infection control was part of induction but we did not see records of recent update

## Are services safe?

training. We discussed this with the practice manager who told us that all staff were scheduled to attend collective training in August 2016 which they confirmed as completed shortly after our inspection.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the NHS Nene Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example an annual audit had indicated that the practice was prescribing a particular class of antibiotic called Cephalosporin in accordance with best practice guidelines. Blank prescription forms and pads were securely stored and there were recently introduced systems in place to monitor their use. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files 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 checks through the Disclosure and Barring Service.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The

practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice manager told us that there were plans to complete the remedial work recommended by the legionella risk assessment by end of September 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All staff groups covered holidays, and the regular locum GP would also work additional sessions to cover GP holidays. There was succession planning in progress to recruit a GP to replace one who was retiring shortly.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All clinical room had a panic button and there was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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. Staff also had access to best practice guidelines through the CCG using a system called 'Pathfinder'.
- The practice monitored that these guidelines were followed through risk assessments and audits. Results were discussed during clinical meetings which GPs and nurses attended.

### 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 IT administrator supported the QOF activities at the practice. The most recent published results were 96% of the total number of points available.

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, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 76%, compared to the CCG average of 79% and the national average of 78%. Exception reporting for this indicator was 4% compared to a CCG average of 16% and national average of 12%. (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).
- Performance for mental health related indicators was comparable to the national average. For example, the

percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% where the CCG average was 91% and the national average was 88%. Exception reporting for this indicator was 4% compared to a CCG average of 17% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. However we found that there was minimal narrative to the audit other than a one page graph to indicate what was audited and the findings and improvements.
- The practice participated in local audits, including benchmarking, peer review and research. For example regular medicines audits and benchmarking with other practices in the locality, with the support of the NHS Nene Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying the reasons why patients prescribed anticoagulants to treat atrial fibrillation (an abnormal heart rhythm that results in by rapid and irregular heartbeats) did not take them and taking action accordingly.

### Effective staffing

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

- The practice had an induction schedule for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions.
- The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of



# Are services effective?

## (for example, treatment is effective)

competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.

- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and facilitation and support through the revalidation process for GPs and nurses. The Independent Nurse Prescriber was supported by a GP. Staff had protected learning time, either in house or at training events organised by the CCG. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and communication with the district nurse and health visitor. Urgent requests were made through telephone referrals while routine referrals were faxed through. The pathology service was able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 out of hours service overnight and those that had attended the A&E department for emergency care. Communications to the out of hours service were faxed through while reports from the out of hours service were received electronically. A duty doctor reviewed these attendances and followed them up accordingly.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other primary health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs and those that needed end of life care.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

- Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet or weight management, smoking and alcohol cessation. Patients were signposted to appropriate support groups for further advice.
- We saw a variety of health promotion information leaflets and resources, for example, on smoking cessation sexual health and immunisations.
- 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 reminders for patients who did not attend for their cervical screening test.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.



# Are services effective?

(for example, treatment is effective)

Results showed:

- 63% of patients attended for bowel screening within six months of invitation compared to national average of 55%.
- 79% attended for breast screening within six months of invitation which was similar to the national average of 73%.

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 79% to 100% and five year olds from 67% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We saw that staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and we saw this in action during our inspection.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered a convenient accessible service and staff had treated them with dignity and respect. A number of comments noted how well staff had listened and put them at ease when consulting.

We spoke a member of the patient participation group (PPG). They also told us they were 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. For example:

- 87% 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%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

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

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:

- 86% 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%.
- 78% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice 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.

### 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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients as

## Are services caring?

carers (less than 1% of the practice list. Written information was available on a notice board in the waiting room as well as on the practice website to direct carers to the various avenues of support available to them. The practice was actively seeking to increase the number of carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Nene clinical commissioning group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG and participated in the 'quality premium' scheme to improve the quality antibiotic prescribing in primary care.

- The practice provided a nurse led minor illness clinic.
- The practice provided telephone consultations through a duty GP ring back service at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities including electric sensor controlled entrance doors and translation services available. There was a hearing loop available.
- The practice was aware that the patient reception desk because of its height did not meet the requirements of the Equality Act 2010. The practice had risk assessed current provision against the requirement and had put in place measures to help affected patients. Alteration work was being commissioned to make the appointment desk equality act 2010 compliant.
- The GPs routinely worked with the district nurse to ensure continuity of care for patients who needed care at home.
- The practice supported three care homes and offered weekly ward rounds in each of the homes. There was a lead GP supported by an administrator who liaised with the care homes.
- The practice worked with 'frequent flyers' (these are patients who repeatedly seek medical care in A&E such as those in respiratory distress due to suffering from

chronic obstructive pulmonary disease) and where appropriate issued rescue medications in an effort to help them deal with the emergency at home and reduce the need to attend A&E.

- There was a phlebotomy service available at the practice.
- The practice offered an insulin initiation service for new diabetics.
- Counselling services were available at the practice for patients with mental health issues which was provided by the Wellbeing Team from the local mental health trust and the GPs offered an in-house triage for referral.
- Online services were available for booking appointments and request repeat prescriptions.
- Patients had on site access to the national abdominal aortic aneurysm (AAA) screening service which offered screening every other month.
- An anticoagulation nurse from the acute hospital was available at the practice so patients could have their bloods taken locally for the blood clotting monitoring test called the INR without the need to visit the district hospital.

### Access to the service

The practice was open Monday to Friday from 8am to 6.30pm. Extended opening hours were provided on Saturday when the practice was open between 8am and 12pm for pre booked appointments only. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 33% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and 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.

The practice was aware of the difficulties experienced by patients in getting through to their reception by telephone. The practice manager and the PPG member

# Are services responsive to people's needs?

(for example, to feedback?)

we spoke with told us that the practice had reviewed the telephone system and had introduced improvements including additional telephone lines and the introduction of the nurse led minor illness clinic to alleviate pressure on GP appointments. In addition patients were being encouraged to use online services to book appointments. The practice manager told us that they were monitoring the improvements made closely and intended to make further adjustments as needed.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a GP. Home visit requests were assessed and managed by a GP.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 12 complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. We however found that verbal communication with the complainants had not always been recorded in the complaints file. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, raising awareness of all staff of the need to comply with information governance requirements when dealing with requests for medical information.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to maintain its long standing tradition of a practice team environment which was welcoming caring and accessible to all patients. It was clear from discussion with staff that everyone was working towards the same aim of patient centred care.

- The practice had a documented statement of purpose which included their aims and objectives.
- The GP partners clearly described their plans for the future and how they hoped to achieve these. The partners recognised the areas the practice could work better and had plans which took into account the needs of the practice population and worked with the CCG where necessary to bring about these improvements.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff electronically on their desktops.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous audit including QOF scores were used to monitor quality and to make improvements.
- Though there were clinical audits undertaken there was minimal narrative to the audit other than a one page graph to indicate what was audited and the findings and improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice 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 support, information and a verbal and written apology
- The practice kept written records of correspondence.

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

- Staff told us the practice held regular staff meetings we saw minutes of these to confirm this. Staff also told us the practice manager kept them informed of practice matters at all times formal and daily informal discussions or by email.
- An open team culture was evident and staff told us they had the opportunity to raise any issues directly to a GP or the practice manager at any time and during staff meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs and the practice manager. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.
- There were named members of staff in lead roles. For example there were nominated GP leads for safeguarding, diabetes and a lead nurse for infection control.
- The partners and staff actively supported local and national charities and fund raised periodically during the year for these charitable organisations.

### 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.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every three months and was active in working with the practice in seeking improvements.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.
- The practice had worked with the CCG and participated in the Care Home Scheme which supported the medical needs of the residents in three care homes in Northampton. Through this enhanced service the practice provided dedicated service to the residents by having a scheduled ward round once a week and having a Lead GP supported by an administrator to respond to queries and concerns in-between ward rounds.
- The practice had worked with the CCG and participated in the 'quality premium' scheme to improve the quality antibiotic prescribing in primary care.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.