Dr Kumar and Partner - Studfall Medical Centre

Quality Report

1 Studfall Court
Corby
NN17 1QP
Tel: 01536 401372
Website: www.thestudfallpartnership.co.uk

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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?	**Outstanding**
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 Studfall Medical Centre on 30 July 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients gave consistent positive feedback regarding the care they received. This was confirmed by patients we spoke with and from comment cards and the PPG members. We also observed acts of kindness throughout our inspection which appeared to enhance the patients experience.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw two areas of outstanding practice in the responsive domain relating to older people and those patients with long term conditions.

Summary of findings

- The practice engaged well with their patient participation group (PPG) and supported them with the implementation of activities such as patient education sessions to include patients and relatives suffering with and affected by long term conditions such as diabetes and respiratory problems. They also supported the PPG on-going programmes to promote healthy lifestyles such as a community walking group and coffee mornings to prevent social isolation.
- The practice collaborated with another local practice to propose the setting up of a community hub to provide healthcare and facilities for healthy lifestyles and the proposal was being reviewed by the relevant funding organisation.

However, there was also an area where the practice needs to make improvements.

Importantly the provider should:

- Consider periodic review of the actions from significant events to confirm they have been effective.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

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

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. The practice identified that patients with specific conditions may not have been accessing appropriate support programmes and worked with the PPG to provide such support within the practice tailored and delivered to meet the needs of the patients.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services. This is because in the population groups for older people and those with long term conditions the practice were outstanding which makes the practice responsive overall. The practice engaged well with the PPG and had initiated positive service improvements for its patients that were over and above its contractual obligations in patients with long term conditions. For example, supporting the PPG in organising health promotion education sessions from specialists and walks and outings to promote physical activity and prevent social isolation. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment with a GP of choice and there was continuity of care and urgent appointments available on 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good 

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people and the practice also engaged in specific projects and research which included these conditions. They worked closely with the PPG to support patient centred education sessions and promote and facilitate healthier lifestyles and prevent social isolation. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and on the day appointments for those with urgent or enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice took part and engaged in specific projects and research regarding different long term conditions which resulted in enhanced knowledge which was used to review and improve care. They also worked closely with the PPG to support patient centred education sessions involving family and patients suffering with long term conditions as well as organising book clubs and other social activities to promote a healthier lifestyle and prevent social isolation in this group of patients.

Nursing staff had lead roles in chronic disease management and were also actively engaged in patient education. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were

Summary of findings

recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for those patients and any other patients whose condition may require more time to discuss.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 5 July 2015 showed the practice was performing above the local and national averages in most areas. There were 120 responses which was a response rate of 29%.

- 88% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 92% and a national average of 87%.
- 68% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 46% and a national average of 60%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 86% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 67% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 57% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received and also spoke with five patients as well as two members of the patient participation group. Comments frequently referred to the excellent service patients received by caring and compassionate staff. Patients commented on how all the doctors and nurses took time to listen and explain their condition and the tests and treatment required. They also commented on the friendly and helpful approach of all staff and that the practice always maintained high standards of cleanliness.

Areas for improvement

Action the service SHOULD take to improve

- Consider periodic review of the actions from significant events to confirm they have been effective.

Outstanding practice

We saw two areas of outstanding practice in the responsive domain relating to older people and those patients with long term conditions.

The practice engaged well with their patient participation group (PPG) and supported them with the implementation of activities such as patient education sessions to include patients and relatives suffering with and affected by long term conditions such as diabetes and respiratory problems. They also supported the PPG on-going programmes to promote healthy lifestyles such as a community walking group and coffee mornings to prevent social isolation.

The practice collaborated with another local practice to propose the setting up of a community hub to provide healthcare and facilities for healthy lifestyles and the proposal was being reviewed by the relevant funding organisation.

Dr Kumar and Partner - Studfall Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Kumar and Partner - Studfall Medical Centre

The Studfall Partnership provides primary medical services from a two storey building, to approximately 4,950 patients in Corby and the surrounding areas in Northamptonshire. The building also accommodates another GP practice.

The practice provides primary medical services under a Personal Medical Service (PMS) agreement. PMS agreements are locally agreed contracts between NHS England and a GP practice.

There are two GP partners and two salaried GPs, two practice nurses and a nurse practitioner, a health care assistant, a practice manager and deputy practice manager, who are supported by a number of administrative and reception staff. The practice is a training practice and the practice provide support and supervision of qualified doctors who are training to be GPs.

The practice population has a higher than average number of patients in the 40 to 50 year and 0 to 4 year age groups and data indicates there is a moderate level of deprivation in the area.

The practice is open between 8am and 7.30pm on Mondays and from 8am until 6.30pm Tuesdays to Fridays. Appointments are available from 8.30am until 12noon and 2.30pm until 6pm. Extended hours appointments are available on Monday from 6.30pm until 7.30pm. When the practice is closed out of hours services are provided by Corby Urgent Care Centre.

Why we carried out this inspection

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

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

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

Detailed findings

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 inspection on 30 July 2015. During our inspection we spoke with a range of staff, such as GPs, nurses, the practice manager and administration and reception staff. We also spoke with patients who used the service and two members of the patient participation group (PPG). A PPG is a group of patients registered with a practice who represent the views of patients and work with the practice to improve services and the quality of care. We observed how staff assisted people when they attended the practice and reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also looked at staff records and a variety of policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager or deputy manager of any incidents and there was also a recording form available on the practice's intranet. All complaints received by the practice were entered onto a summary document in a similar way to the significant events. We reviewed both summaries of complaints and significant events and saw that a thorough analysis had taken place with actions and outcomes indicated.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw minutes of the significant event meeting held with staff where all the incidents had been reviewed and outcomes and actions shared with staff. For example, there had been an issue of not checking a patient's date of birth when attending for appointment which had led to difficulties. We saw this had been discussed and staff alerted to the importance of checking this. We noted that the significant event actions were not routinely revisited to determine if they had been effective.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice took action when notified of safety alerts and we saw a recent example of action taken as a result of an insulin syringe alert which had been managed appropriately and patients contacted.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead for safeguarding and was appropriately trained for this role to Level 3. All staff we spoke with were aware of who the safeguarding lead was. The GPs attended safeguarding meetings every three months where vulnerable adults and children at risk were discussed. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Nurses we spoke with gave examples of how they had dealt with patients at risk of abuse and action they had taken.
- There were notices displayed in all areas of the practice, advising to patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw there was a health and safety policy and handbook available to all staff. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had systems in place for managing medicines, including emergency drugs and vaccinations. We saw that emergency medicines had been checked and recorded appropriately. However, we noted that the practice had recently requested delivery of a new oxygen cylinder which had been delivered, but

they had omitted to remove the expired one. The practice nurse told us they would arrange removal immediately and introduce a means of specifically recording the oxygen expiry date when checking the emergency equipment. Following our inspection the practice contacted us to confirm that this had been removed. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Prescriptions used in the printer were securely stored in nurses and GPs rooms but at the end of the day in the reception area they were not stored away securely. Before we left the inspection the practice manager reported that a system had been introduced and a location identified to store prescriptions securely in reception at the end of the day. The following day the practice sent evidence to show this had been implemented.

- Recruitment checks were carried out and all the staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, photographic proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had applied for a new DBS check for one of the GPs and a member of the reception staff who the practice told us would not act as chaperone until this had been received. The GP was included on the NHS England performers list which requires a DBS check therefore they had assurance that the GP had received the relevant checks. It is the practice policy now to carry out DBS checks on all new staff.
- 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 that enough staff were on duty. There was also evidence of a long established cohesive team and staff covered for each other during times of sickness and annual leave.

Arrangements to deal with emergencies and major incidents

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. There was also a first aid kit. 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 with the exception of one oxygen cylinder mentioned previously. The nurse told us that they periodically role played emergencies to ensure that staff dealt with them appropriately.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards using Pathfinder which were local guidelines based on the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice staff had access to guidelines from NICE and Pathfinder and used this information to develop how care and treatment was delivered to meet needs. They demonstrated a patient orientated, holistic approach to care and monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. They also held regular 'lunch and learn' sessions where staff met to discuss best practice and updates and invited guest speakers with specialist knowledge to share, such as consultants and research fellows.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of points available, with 7.8% exception reporting which was slightly below the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been a significant number of clinical audits completed in the last two years, we looked at two of these which were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included actively identifying patients with hypertension where prevalence had been noted as low.

Information about patients' outcomes was used to make improvements such as the introduction of a specific clinic to ensure that patients at risk of stroke could be called for review and ensure they were taking the correct medication to reduce the risk. We saw that one GP had given a presentation on the dangers of polypharmacy in the elderly at an in-house clinical meeting which resulted in a dedicated medication review clinic together with the CCG pharmacist at both the care homes the practice visited. Polypharmacy is the use of multiple medications by a patient. They were able to stop a considerable amount of unnecessary medications and therefore improve health outcomes in vulnerable patients. The practice told us that following a specific significant incident they looked at falls in people over 65 and identified that they may have been under utilising the local falls clinic. As a result clinical staff were updated regarding this service to promote usage and improve patient outcomes.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff and clinical staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We spoke with the relatively newly appointed nurse practitioner who told us their induction programme had been in-depth, thorough and that they had been supported throughout.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had received regular appraisal and we saw the programme which showed the reception and administration staff were to be appraised again in August 2015.
- 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.

Good

Are services effective?

(for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example, when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

We noted that the practice had identified issues of potential suboptimal care in another source of care establishment which affected their patients. They alerted the appropriate agencies in order that this could be investigated and measures in place to support better practice. This resulted in an improved outcome for patients.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The practice had a consent policy which also included capacity for consent. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

1. The practice actively identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers and those patients suffering with long term conditions. Patients were then signposted to the relevant service. For example, patients with diabetes were referred to the Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) service and those with chronic obstructive pulmonary disease (COPD) were referred to a specific service to support them to deal with their life limiting symptoms. The health care assistant also offered a smoking cessation service for those patients wishing to stop.
2. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.5%, which was comparable to the CCG average of 81.4% and the national average of 81.9%. There was a policy to offer telephone 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 and took part in the Breast Awareness Research targeting the over 70s led by the practice nurse. The staff were also trained to provide a specific sexual health and contraceptive service for young people using a C-Card scheme, this allowed them to attend the practice without appointment for contraception and advice by showing a special card. Chlamydia screening was also promoted to young people aged 15-24 years.

Childhood immunisation rates for the vaccinations given were slightly lower than the CCG average at 12 months but slightly higher by 2 and 5 years . Flu vaccination rates for the over 65s were offered and at risk groups and the practice worked proactively and collaboratively with the CCG and other local PPGs to promote flu clinics. The practice also offered carried out searches on their clinical system to identify patients who were eligible for the pneumococcal and shingles vaccine and invited them for vaccination.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were friendly, courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The practice had displayed a sign in reception advising patients that a room was available if patients needed to speak with reception staff privately.

All of the 43 patient CQC comment cards we received were positive about the services offered by the practice. Patients said they felt the practice offered excellent care and staff were helpful, caring and treated them with dignity and respect. Several cards made reference to how the doctors had treated and supported them well through bereavement and how this had been helpful. They also commented on always feeling safe and cared for. We also spoke with two members of the patient participation group (PPG) on the day of our inspection and five patients. They told us they were satisfied with the care provided by the practice. They told us that the PPG members and patients had only good reports about the practice and that doctors and staff at the practice did over and above what they needed to provide good care. They told us their dignity and privacy was respected and the GPs, nurses were good at explaining their conditions and the options of treatment available to them. Comment cards confirmed these opinions and also highlighted that staff responded compassionately when they needed help and provided support when required. The practice also actively engaged in many research projects to enhance care and promote positive outcomes for patients involving all staff and embedding in practice lessons learned from the projects.

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

- 93% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 90%.

- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 92% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards and feedback from the PPG we received was also positive and aligned with these views. Patients gave examples of quick responses from GPs and appropriate timely referral to specialist care when required.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%

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

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

We saw a number of notices in the patient waiting room which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients on the practice list as carers where they offered information and support such as offering health checks. Written information was also available for carers to ensure they understood the various avenues of support available to them. The practice had worked collaboratively with Northants Carers Support group and had also been involved in a research study regarding how to better identify carers to address their physical and mental health needs.

The GPs told us that as a result of feedback from palliative care staff they now contacted families who had suffered a bereavement to assess if additional support was needed or signpost the family to support services if necessary. They told us that this had proved to be a rewarding process particularly following positive feedback from patients of its benefit.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. They met with the CCG and carried out audits requested to identify areas where they may be outliers, for example, in A&E attendance, and prescribing of specific medicines.

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

- There were longer appointments available for people with a learning disability, with poor mental health, older people and other patients which long term conditions who may require additional support and time during consultation. Patients we spoke with during our inspection with long term conditions confirmed this.
- Home visits were available for older patients and patients who were unable to attend the practice such as those in local nursing homes. We saw that GPs were scheduled to carry out visits that day in response to requests from patients.
- Urgent appointments were available for children and any patients who needed to see a doctor urgently on the day.

There were disabled facilities and we saw that the practice had responded to patients comments by introducing a call bell at the entrance to alert reception staff to patients with mobility problems who required help entering the building. They had also modified the ramp for wheel chairs access and introduced hand rails at the entrance. We saw there was a hearing loop in place and translation services available.

- The practice had identified they needed to target younger people who were more at risk for vaccinations. As a result they created a list of patients at risk in order to offer opportunistic vaccination if they attended for other issues. They also discussed with the midwife and asked them to promote the importance of flu vaccination in pregnancy and direct them to the nursing team.
- Clinics were held on Saturdays in the month of October to improve access to flu vaccination for people who worked or who were unable to attend during the week.

During our inspection one patient told us they had not had cause to see the GP for many years, but had an urgent issue that day and had been able to get an appointment. They also told us that the practice had taken the opportunity to offer a complete health assessment at this consultation. We noted two occasions during our inspection where the practice nurse saw patients with young children without an appointment and provided appropriate opportunistic procedures.

The clinical staff promoted the activity referral scheme which enabled patients with a long term condition to join a gym at a reduced rate and have access to a qualified exercise trainer. The practice told us they had collaborated with another local practice to set up a community hub to provide healthcare and facilities for healthy lifestyles and the proposal was being reviewed by the relevant funding organisation.

The practice engaged well and worked closely with the patient participation group (PPG) which was active and met on a regular basis. They assisted in health promotion campaigns such as the flu, where they promoted the campaign by attending the surgery and shared promotional material to encourage uptake. The practice had also noted that many patients had not accessed the Diabetes Education and Self-Management for On-going and Newly Diagnosed (DESMOND) programme for diabetes education and as a result worked with the PPG to address this. For example, the practice worked with the PPG to support them in arranging a specific evening in the practice for patients with diabetes and their families to gain information and support regarding the condition. This was attended by a specialist diabetes nurses and the practice nurses. They told us this was well supported and received by patients and feedback was very good. There was also a patient education session at the practice concerning arthritis from a specialist in the area. The PPG were also collaborating with a neighbouring practice to arrange a respiratory evening where the specialist respiratory nurse would talk to patients regarding healthy lifestyles, smoking and living with their long term condition. The practice and PPG told us they were continually developing ideas as areas of need were identified.

The PPG submitted proposals for improvements to the practice management team. They were also proactive in arranging other health promotion activities for patients at the practice and the PPG representative told us the practice

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

supported any ideas and activities they suggested which improved the lifestyle and health of the local community the practice served. They organised a regular walking group from the practice to encourage exercise and promote healthy lifestyles which provided social support to older people and helped improve activity of patients with long term conditions. The practice supported this as well as them arranging a coffee morning and book club and arranged seasonal outings to help the local population and help prevent social isolation.

Access to the service

The practice was open between 8am and 6.30pm Tuesday to Friday and 8am until 7.30pm on Mondays. Appointments were available from 8.30am to 12.00noon in the morning and 3pm until 6.pm in the afternoons except for Monday when extended hours surgeries were offered and appointments were available from 4pm until 7.30pm. 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 above the local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 67% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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, for example, there were leaflets available setting out the procedure and what to expect. None of the patients we spoke with on the day of inspection had ever needed to complain but were aware of the process to follow if they wished to make a complaint.

We looked at all the complaints received in the last 12 months and found they were all investigated and satisfactorily handled and dealt with in a timely way with openness and transparency. We noted that for most complaints of a clinical nature the GP called the patient to discuss and had apologised where appropriate.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, it was agreed and shared with staff that when GPs are running late that reception staff will keep waiting patients updated regarding the delay.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was clearly set out in a patient information leaflet. Staff knew and understood the values and demonstrated commitment to these. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

We saw the practice 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
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

Following discussions with the partners in the practice we saw they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated enthusiasm and commitment to prioritise safe, high quality and compassionate care and were inclusive in this, sharing vision and direction with staff. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. We saw evidence that the partners encouraged a culture of openness and honesty and all staff we spoke with confirmed this.

Staff told us that team meetings were held monthly and that there was an open culture within the practice. They confirmed they had the opportunity to raise any issues at team meetings and any other time they needed to and felt confident in doing so and were supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about development of the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG confirmed that the practice engaged and listened to any feedback and concerns from them and worked with them to develop improvements in response to their feedback. The practice supported the PPG in any activities they wanted to introduce to help improve the health of the practice population.

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice took part in a variety of local and national projects such as IMPACT, a project which investigated the diagnosis and management of respiratory conditions. They had also been involved in a research project concerning obesity, which the practice reported they continued to utilise information and additional skills learned from participation in the project.