

Byfield Medical Centre

Quality Report

Church Street
Daventry
NN11 6XN
Tel: 01327265841
Website: www.byfieldmedicalcentre.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?		Requires improvement	
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 Byfield Medical Centre on 29 March 2016. Overall the practice is rated as good although the safe domain requires improvement.

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

- There was an open and transparent approach to safety and whilst there was a system in place for reporting and recording significant events it was not sufficiently robust and embedded to capture all events and allow reflection and assess the effectiveness of actions.
- Risks to patients were in the main assessed and well managed.
- 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 although some areas of mandatory training were outstanding for some staff.
- Patients reported consistently high levels of satisfaction regarding their treatment and care from the practice. They said they were always 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 adequate 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.

Summary of findings

The areas where the provider must make improvement are:

- Review the significant events process to ensure that staff are aware to raise all significant events, ensure they are all investigated formally, specifically the dispensary and include a means of revisiting the actions to determine their effectiveness.
- Ensure all staff undertake mandatory training in safeguarding, cardio pulmonary resuscitation and infection control.
- Ensure appraisals are completed for all staff annually including those which remain outstanding.

The areas where the provider should make improvement are:

- The practice should amend the systems for dealing with safety alerts to demonstrate what actions have been taken.
- The practice should amend the business continuity plan to include contact telephone numbers of staff and utility companies.
- The practice should ensure that all GPs gain written consent for surgical procedures.
- The practice should amend the complaints leaflet to include information regarding what to do if patients are not satisfied with the outcome of the investigation of a complaint.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events but it was not sufficiently embedded to ensure that all staff are aware to raise all significant events, specifically those occurring in the dispensary. The process also did not include a means of revisiting the actions to determine their effectiveness.
- Lessons were shared to make sure action was taken to improve safety in the practice although the practice did not always record the actions taken.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse although some staff had not undertaken some mandatory training.
- Risks to patients were generally assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average of 94.7%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice carried out clinical audits which 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 most staff although there were some staff whose appraisals were still outstanding. However, they told us there was an open door policy and they felt they always had an opportunity to discuss training and development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

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 in all aspects of care.
- All members of staff demonstrated a commitment to involving patients in their care and gave examples of this. Staff also told us that the ethos and focus of the practice was caring and the patient experience and need for a positive outcome was always paramount when considering care.
- Patients consistently told us 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



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 adequate 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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients and were striving to acquire improved premises to develop and improve services for the practice population. Staff were clear about the vision and their responsibilities in relation to it.
- 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 meetings where governance issues were discussed.

Good



Summary of findings

- 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 and they were working to expand the feedback by introducing a virtual patient participation group.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The nursing team had experience and additional skills in dealing with the health care of older people.
- The practice had a specific lead GP to lead on the care of patients in care homes. They carried out weekly ward rounds at a local care homes and participated in the unplanned admission avoidance scheme.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients outcomes of those suffering with long term conditions were better than the CCG and national averages.
- Longer appointments and home visits were available when needed.
- 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, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- Cervical screening rates were in line with CCG and national averages.
- 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, health visitors and school nurses.
- We noted that the practice had acknowledged and addressed issues younger people had experienced with ordering repeat prescriptions.

Working age people (including those recently retired and students)

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.
- The practice had responded to requests from patients regarding help and advice with diet and weight management and trained staff to offer this service.

Good



People whose circumstances may make them vulnerable

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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

Good



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).

- All patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as MIND.
- They also employ two councillors to provide support for patients with mental health problems.
- 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 published in January 2016 reported very positive views from patients in all areas. The results showed the practice was performing above the local and national averages. There were 236 survey forms distributed and 111 were returned which represented 47% return rate and 1.3% of the practice population.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Cards referred specifically to the high quality of care received from all staff. Seven cards provided specific examples of where both the GPs and nurses had ensured their understanding of their condition and had supported them during times when they had to deal with difficult treatments and diagnoses. They also referred to prompt referral for specialist services when it was necessary.

We spoke with six patients during the inspection. All patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Review the significant events process to ensure that staff are aware to raise all significant events, ensure they are all investigated formally, specifically the dispensary and include a means of revisiting the actions to determine their effectiveness.
- Ensure all staff undertake mandatory training in safeguarding, cardio pulmonary resuscitation and infection control.
- Ensure appraisals are completed for all staff annually including those which remain outstanding.

Action the service **SHOULD** take to improve

- The practice should amend the systems for dealing with safety alerts to demonstrate what actions have been taken.
- The practice should amend the business continuity plan to include contact telephone numbers of staff and utility companies.
- The practice should ensure that all GPs gain written consent for surgical procedures.
- The practice should amend the complaints leaflet to include information regarding what to do if patients are not satisfied with the outcome of the investigation of a complaint.

Byfield 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 specialist advisor and a second CQC inspector.

Background to Byfield Medical Centre

Byfield Medical Centre is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 7,940 patients living in Byfield and the surrounding villages in Northamptonshire. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from single storey premises which they have identified is now too small to facilitate the expanding needs of the practice and local population growth. They have developed plans to address this problem and made applications to take this forward but have not yet been successful in gaining approval for a new build. The practice has a branch facility which opens daily between 9am and 10am at the local Memorial Hall at Woodford Halse for consultation only. This is an historic arrangement. We did not inspect the consulting room there as part of this inspection.

The practice population has a higher than average number of patients aged 40 to 70 years and national data indicates that the area is not one that experiences high levels of deprivation. The practice population is made up of predominantly white British patients.

There are four partners; three male and one female who employ one salaried female GP. The practice employ two practice nurses, two health care assistants, a practice manager, and finance manager, who are supported by a team of administrative and reception staff. They also employ two counsellors for half a day each per week to support patients experiencing mental health problems. The practice provides a dispensing service for approximately 4,400 patients from a small dispensary within the building and employ staff qualified to work and dispense medicines.

The practice is open daily Monday to Friday between 8.00am and 6.30pm and on alternative Mondays extended hours appointments are offered until 8.30pm. When the surgery is closed services are provided by an out of hours provider who can be contacted via the service via NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 29 March 2016. During our inspection we:

Detailed findings

- Spoke with a range of staff including GPs, nurses, health care assistant, reception, administration and dispensary staff and spoke with patients attended the practice that day.
- Observed how patients were assisted during their visit to the practice.
- Reviewed an anonymised sample of the patient treatment records and staff records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- 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 a system in place for reporting and recording significant events but this was not always utilised by staff. Staff told us they would inform the practice manager of any incidents and there was an electronic recording form which the practice manager completed on the practice's computer system. The form was available to staff to view and the practice manager told us they discussed these with the GPs and ensured appropriate action was taken. There had been four significant events in the last 12 months which had been analysed and appropriate actions had been taken as a result, although there was no evidence that any changes made had been revisited to ensure they had been effective. We also noted from staff meetings there were other incidents which staff had identified for discussion but had not been recorded through the significant event process and the dispensary staff had recorded events but they had not been investigated. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was a system for dissemination of safety alerts via the computer system and the practice manager could evidence that these had been sent to the appropriate staff. Staff we spoke with confirmed they received these, although the system did not show what actions if any had been taken as a result. However, the GPs showed us examples of recent alerts where searches had been undertaken and had resulted in changes in patient treatment. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, they had changed the process for dealing with hospital referrals to prevent potential omissions and mistakes.

Overview of safety systems and processes

The practice had 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. There was a lead GP for safeguarding both in children and adults. The GPs had regular meetings with the health visitor and other agencies when clinical notes were updated and there was an alert on the clinical system to inform staff of patients who were vulnerable. Staff demonstrated they understood their responsibilities and most staff had received training in safeguarding children and vulnerable adults relevant to their role although some staff had not, specifically dispensary staff and some reception staff. GPs and nurses were trained to the appropriate level to manage child protection and child safeguarding. There were notices throughout the practice advising patients that chaperones were available if required. All staff who acted as chaperones 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 visibly clean and tidy. The practice nurses worked closely together and shared the responsibility for infection control in the practice. They had carried out an infection control audit in January 2016 together with staff training regarding hand washing technique. There was an infection control protocol in place and most staff had received up to date training.
- 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 local CCG medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient

Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded but we noted these had not been investigated and no outcomes or learning points were seen. Dispensary staff showed us standard procedures which had been revised in October 2015 and covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs, although we noted these had not been destroyed recently but the practice manager provided evidence that this was arranged to be carried out 11 April 2016.
- We reviewed five 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 generally 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked in March 2016 to ensure the equipment was safe to use

and clinical equipment had been checked on 7 January 2016 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).

- 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 and only a specific number of staff were allowed to be on leave at any one time.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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 as well as an alarm on the telephone.
- Most staff had received annual basic life support training but there were a small number of staff whose training was outstanding. 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.
- Each nurse had an anaphylaxis kit in their room for use if needed when giving immunisations and 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. Several of the staff were able to describe how they had responded to emergencies recently and the equipment and procedures in place had been effective.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which the practice manager kept off site. However, there was no list of telephone contact numbers with the plan for utilities or staff members.

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. The nursing staff told us they accessed NICE updates online and kept up to date through educational courses and nurse forum support and discussions with specialist practitioners, such as the diabetes and tissue viability nurse specialists. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were from 2014/15 and showed the practice had achieved 100% of the total number of clinical points available. The exception reporting rate was 6% which was below that of the CCG and national average of 11% and 9% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed maximum achievement in all areas which included conditions such as, diabetes, asthma, chronic obstructive pulmonary disease, dementia and mental health. For example:

The percentage of patients with diabetes, on the register, whose total cholesterol was 5 mmol/l or less was higher than the CCG and national averages of 80% and 81% respectively.

We noted that 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records, in the preceding 12 months, which had been agreed between individuals, their family and/or carers as appropriate.

All eligible patients with dementia had been reviewed in a face-to-face review in the preceding 12 months which was above the CCG and national average of 85% and 84% respectively.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored regarding minor surgery and intrauterine hormonal contraceptive devices and diabetes.
- The practice participated in 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 the implementation of inviting patients at increased risk of developing diabetes with a longer term plan to extend this to other patients.

Information about patients' outcomes was used to make improvements. For example, the nursing staff had reviewed patients with leg ulcers and suggested changes in management as a result of best practice guidelines which had resulted in improved healing rates. The nurses were trained and able to use Doppler testing to establish an accurate assessment of treatment required. (Doppler testing measures the pressure in the ankles to eliminate peripheral arterial disease).

Effective staffing

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

- The practice had an induction programme 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 nursing team were new to the practice and told us they had received training in specific general

Are services effective?

(for example, treatment is effective)

practice nurse procedures such as ear syringing, immunisation but had brought skills from previous roles regarding diabetes and tissue viability. One of the nurses was actively gaining experience in asthma and chronic obstructive pulmonary disease and was sitting in on GP sessions to gain more knowledge in this area and one of the nurses was completing a degree in practice nursing. The nurses also supported a nurse student who worked at the practice as part of their nursing qualification.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The health care assistant told us they had received training in compression bandaging, weight and dietary management as a result of identifying these at their annual appraisal.
- 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 their learning needs and to cover the scope of their work. The nursing staff told us they had organised clinical meetings and had lead support from one of the GPs and told us that all GPs were approachable for support or advice. New staff had had a review after six months to identify outstanding training needs. Most staff had received an appraisal within the last 12 months although some were outstanding. However, when we spoke with staff they told us they could approach the practice manager at any time if they felt they needed additional training, development or support.
- 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. The majority of staff had completed all aspects of these areas of training and the practice manager was taking steps to ensure these were completed soon.

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. We saw good examples of this which 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.

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 health care professionals such as the district nurses and palliative care nurse on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- 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.
- GPs carrying out minor surgery obtained written consent which was recorded and scanned onto the patient records with the exception of one GP who used fully informed verbal consent which was entered on the computer record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service and were proactively called when meeting a specific criteria for being at high risk of developing diabetes.

Are services effective?

(for example, treatment is effective)

- Dietary advice and instruction on the use of food diaries was provided for those patients needing help with their lifestyle and weight control and staff were trained in smoking cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results if they had not received a result within 4 weeks.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% and five year olds from 94% to 97%.

Patients had access to appropriate health assessments and checks which included health checks for new patients and NHS health checks for patients aged 40–74 years. The practice actively called patients with learning difficulties for an annual health review. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had introduced chlamydia screening for patients between 15 and 24 years and proactively invited patients to attend for this screening.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed GP, nurses and reception staff who treated patients courteously and with dignity and respect.

- We noted how reception staff helped patients when booking their appointments and collecting dispensary items and observed that they were kind and considerate.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff demonstrated sensitivity when patients attended the reception desk and were aware when patients wanted to discuss issues in private or appeared distressed and would seek to find a room to have a discussion in private to discuss their needs.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients who attended the practice during our inspection and they all told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% 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 average of 95% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice was above average in all areas identified in the survey and we noted that the practice had also received 16 thank you cards and letters expressing gratitude from patients for support received through difficult treatments and bereavement.

Care planning and involvement in decisions about care and treatment

The patients we spoke with 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 and this was further reflected in the national patient survey results which showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

Results were consistently above local and national averages. For example:

- 88% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

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

Discussions with the staff demonstrated a commitment to improving the patients involvement and experiences of their health care. For example, the practice nurses had used their prior knowledge and experience of leg ulcers and brought these to the practice and were actively using these skills to educate and involve patients, implement best practice and improve healing rates. We also noted that as a result of patients expressing their wishes to address weight issues, the practice had allowed two staff to undertake training in weight management which patients were finding beneficial, although we did not have figures to demonstrate the effectiveness of this intervention but anecdotal evidence was positive.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the waiting area which told patients how to access a number of support groups and organisations. For example, AgeUK, the continence advisory service, smoking cessation advice and mental illness support.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers which represented 1.2% of the practice list and continued to strive to identify new carers. Carers were offered flu vaccination and referral to Northamptonshire carers association if they wanted this. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would be informed and would make a decision regarding the level of contact necessary based on the circumstances.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the GPs had a special interest in diabetes and had driven specific work, supported by the practice nurses, to improve the outcomes of patients with diabetes. This ensured they were reaching and reviewing as many patients as possible and had resulted in patients receiving optimum management and treatment of their condition. This was reflected in the high QOF achievement which showed the practice was above national and CCG average in all diabetes indicators.

- The practice offered extended hours appointments on alternate Monday evening from 6pm until 8.30pm for working patients those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice and the practice carried out weekly wards rounds at the one of the local care homes and had a dedicated GP allocated to these patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice monitored the number of patients who did not attend and had introduced text messaging reminders and also provided printed out stickers with appointment details.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had made plans for new premises but had yet to gain approval for this but maintained it as a high priority.
- Young patients raised with the practice that the system for requesting repeat prescriptions did not accept requests from patients under 16 years. The practice manager addressed this by setting up a dedicated email address to allow them to submit their requests online.
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Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except for alternate Mondays when they remained open until 8.30pm offering extended hours appointments. Appointments were available between these times throughout the day. In addition to pre-bookable appointments that can be booked up to four weeks in advance, there are book on the day appointments, and 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.

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and we spoke with two patients who had phoned that morning to be seen and had received a consultation.

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 duty GP dealt with all urgent cases and calls from care homes to determine if a visit was required. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns although the practice told us they received very few complaints and we saw this was the case. However, the three complaints they had received had been investigated appropriately in a timely way in an open and transparent manner. The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England although the information for patients did not include details of what action to take if they were dissatisfied with the outcome of the investigation.

- The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available in the waiting area to help patients understand the complaints system as well as on the practice website.

Lessons learnt had been shared with staff and we noted where applicable changes had been made to prevent

future dissatisfaction with this issue. For example, the practice had amended the information on the telephone system to request patients calling for non-urgent requests to call after 9am.

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. They had plans for expansion of the practice in order to meet the increasing demands and health needs of the local population. The delivery of individualised, high quality patient care was the focus of the practice and staff we spoke with confirmed this. The practice had a strategy and supporting business plans which reflected the vision and values and the practice continued to pursue the development of the new building which they had planned would help them to develop and improve services and achieve their vision. In the meantime the practice had improvised and continued to deliver care making the best use of the resources available to them.

The practice had experienced significant change over the six months prior to our inspection. They had appointed a new practice manager who had carried out a review of many of the process, policies and procedures in the practice and was continuing with this work. Staff spoke positively regarding the new manager and the changes that had been introduced.

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 available to all staff in the managers office. However, they had recently introduced an intranet system and the practice manager had plans to make these available on this system to enable access from all computer terminals and this was work in progress. Staff told us they were able to access all policies in hard copy at the time of inspection. There was a sheet in the front of the folder that staff had signed to demonstrate they had seen and read them.
- A comprehensive understanding of the performance of the practice was maintained and we saw minutes of meetings which showed an open approach and shared information with staff at all levels.

- Clinical and internal audit was used to monitor quality and to make improvements, for example in diabetes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care and we saw evidence to confirm this. Staff told us the partners were approachable and always took the time to listen to all members of staff and were very positive about the messages which came from the leaders in the practice. They told us they were encouraging when staff wanted to develop new ways of working and introduce new ideas. The nurses told us they had nursing meetings since they had started at the practice.

The partners were 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about 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

Are services well-led?

Good 

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

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The new practice manager told us that the current PPG was currently not actively meeting due to ill health and retirement, and having experienced difficulty in recruiting to an actual group, they have introduced a 'virtual' PPG to allow them to seek views from other patients in the practice who perhaps did not have the time or did not wish to attend regular meetings. We saw that the practice had made changes in response to suggestions from the previous group such as the introduction of an electronic check in system to relieve pressure of crowding in the reception area. The practice had an open door policy and the practice manager

welcomed any suggestions from staff regarding ideas for change. They gained feedback from staff appraisal and day to day discussions and staff meetings. 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 in the practice.

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. For example, the practice were actively seeking to identify patients at risk of diabetes, through involving both the GPs and nursing team. They had also had a student nurse whom they had accepted to gain experience and learning in general practice who was supported by the nursing team.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>We found that some staff employed by the practice had not received appropriate training, and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Specifically some staff had not undertaken mandatory training in safeguarding and basic life support, and infection control.</p> <p>Some staff had not had a recent appraisal.</p> <p>This was in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Whilst there was a process for recording actions and learning points from significant events, this was not fully embedded for all staff and not all significant events were reported through this process. Therefore the process was not sufficiently robust to ensure learning points were always identified and shared and there was no process for revisiting actions to determine their effectiveness.</p> <p>Specifically we saw that significant events from the dispensary had not been investigated or addressed and there was no evidence of learning from them.</p> <p>This was in breach of Regulation 17 (1) and (2) (a), (b)</p>