

Dr Roy Alexander

Inspection report

7 Marshalls Road
Raunds
Wellingborough
Northamptonshire
NN9 6ET

Tel: 01933622349
www.marshallsroadsurgery.weebly.com

Date of inspection visit: 03/10/2018
Date of publication: 28/11/2018

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating 01/2018 – Inadequate)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Roy Alexander also known as Marshalls Road Surgery on 29 January 2018. The overall rating for the practice was inadequate and the practice was placed into special measures for a period of six months. Warning notices were served in relation to breaches identified under Regulation 12 Safe care and treatment and Regulation 17 Good governance. We completed an announced focussed inspection on 17 July 2018 to check on the areas identified in the warning notices

and found that sufficient improvements had been made regarding these.

The full comprehensive report on the January 2018 inspection and the focussed report for the July 2018 inspection can be found by selecting the 'all reports' link for Dr Roy Alexander on our website at .

This announced comprehensive inspection on 3 October 2018 was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. Staff understood their duty to raise concerns and report incidents and near misses.

- Governance arrangements in the practice had been strengthened. Staff meetings were formalised and policies and procedures had been reviewed and now covered all pertinent areas including business continuity, safeguarding and infection control.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- All staff were involved in making improvements to the practice. The practice had reviewed its staffing needs and additional staff had been recruited to support the practice manager.
- An infection control audit had been completed. However, the practice had not completed the areas that required attention and did not have an action plan in place to address them.
- Complaints were managed according to recommended guidance. However, the date was not recorded on the letters sent to the complainant.

The areas where the provider **should** make improvements are:

- Complete the areas that were identified as requiring attention in the infection control audit.
- Review the complaints procedure particularly in relation to the dating of communications to demonstrate the recommended timeframes for responding to complaints are met.
- Develop ways to engage with patients and gather feedback in the absence of a patient participation group.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Dr Roy Alexander

Dr Roy Alexander also known as Marshalls Road Surgery provides a range of primary medical services to the residents of Raunds and surrounding villages. The service is provided from a registered location Dr Roy Alexander, 7 Marshalls Road, Raunds, Wellingborough, NN9 6ET. The practice has a dispensary that serves patients who live more than one mile from a pharmacy.

The regulated activities registered to provide are:

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

The practice population is predominantly white British and has a lower than average number of patients aged

five to 14 years and a higher than average number aged over 65 years. National data indicates the area is one of low deprivation. The practice has approximately 2,580 patients and services are provided under a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice has a male principal GP and employs a female practice nurse. There is a practice manager and a team of reception, administrative and dispensing staff.

The practice is open from 8am to 6.30pm Monday to Friday. When the practice is closed out-of-hours services are provided by Integrated Care 24 and can be accessed via the NHS 111 service.

Are services safe?

At our previous inspection on 29 January 2018, we rated the practice as inadequate for providing safe services as the arrangements in respect of safeguarding, fire safety, arrangements to deal with emergencies, the management of controlled drugs, the storage of prescription safety, recruitment checks, safety alerts and significant events were not adequate.

These arrangements had improved when we undertook a follow up inspection on 3 October 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had improved their systems to safeguard children and vulnerable adults from abuse in particular, areas in relation to safeguarding policies and procedures and safeguarding training. All staff now received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system in place to manage infection prevention and control. However, the practice had not completed an action plan following completion of an audit. The practice had not completed the areas identified that required attention following the infection control audit.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Following the inspection in January 2018 the practice had reviewed its staffing needs and made adjustments. We reviewed the staff rotas and found that there was at least two members of staff scheduled to cover the reception desk at all times. There was also a dispenser who could cover if needed. We were informed that when the practice nurse was on leave the GP would see their patients. The practice also buddied with another practice in the local area to provide clinical support for each other in the event of absences.
- There was an effective induction system for temporary staff tailored to their role.
- The practice made the required improvements to ensure the practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice had also ensured that equipment required in the event of a medical emergency was stored appropriately.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- Data showed the practice was in line with others both locally and nationally for prescribing.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe. The dispensary staff had received appropriate training and checks of their competency.
- At the inspection in January 2018 the room temperature in the dispensary was not being monitored. This meant that the practice could not be assured that medicines were being kept at the required temperature. The practice now recorded the temperature of the dispensary daily. They had installed electric fans and an air conditioning unit to use in the event of the temperature recorded above the recommended level for the safe storage of medicines.
- Following the inspection in January 2018 the practice had made the decision to no longer stock or dispense controlled drugs.
- At the inspection in January 2018 prescriptions (pads and computer prescription paper) were not stored securely and systems in place to monitor their use were not operated effectively. The practice now securely stored and monitored prescriptions. We observed that a log was kept and prescriptions could be tracked within the practice.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- Following the January 2018 inspection, the practice had utilised the services of an external company to complete a fire risk assessment in April 2018. The risk assessment

identified areas for immediate attention and we observed that these had been actioned by the practice. For example, fire doors were all kept closed, filing cabinets had been removed from the vicinity of a fire door and fire notices were placed around the building with instructions of actions to take in the event of a fire. We also noted all staff had up to date fire safety training. Fire drills had been carried out in April and June 2018 and logs were kept of weekly fire alarm and emergency lighting checks.

- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

At our inspection in January 2018, we found the practice did not have an effective system in place to ensure that when things went wrong, staff were able to report incidents and near misses. Improvements were required in the reporting, recording, investigation and analysis of significant events to correctly identify appropriate and relevant learning from incidents and to ensure that necessary actions were taken. We now found that the practice had made the required improvements to ensure an effective system was in place.

We also found:

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events. Since our last inspection in January 2018 the practice had made improvements to processes relating to patient and medicine safety alerts. Safety alerts were received by the practice manager and disseminated to the relevant staff for action. We saw a record of the alerts received that had been signed by the staff members as read and actions documented as complete.

Please refer to the evidence tables for further information.

Are services effective?

At our previous inspection on 29 January 2018, we rated the practice as requires improvement for providing effective services because there was limited evidence of clinical audit being used to drive improvements in quality and there were areas where performance was below local and national averages.

These arrangements had improved when we undertook a follow up inspection on 3 October 2018. The practice and all of the population groups are now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- The GP and the practice nurse had received additional training to care for patients with diabetes.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice opportunistically monitored patients for early identification of atrial fibrillation by pulse and electrocardiograph (ECG) recording.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with or above local and national averages. For example, the practice achieved 100% for asthma indicators compared to the CCG average of 98% and the national average of 97%.

Families, children and young people:

- Childhood immunisation uptake rates exceeded the target percentage of 90% and were over 95% in all four of the vaccinations given to two-year olds. Parents or guardians who declined immunisations for their children were invited to the practice to discuss the benefits of immunisation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme. The achievement was comparable with the CCG average of 73% and the

Are services effective?

national average of 72%. The practice had completed an audit of cervical screening to identify patients that did not attend for screening, inadequate smear taking and abnormal results.

- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, war veterans and domestic violence victims.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

- The practice's performance on quality indicators for mental health conditions was in line with local and national averages.

Monitoring care and treatment

The practice had commenced a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- Data from the latest Quality and Outcomes Framework (QOF) 2016/2017 showed overall patient outcomes were in line with the local and national average in most areas. Overall exception reporting was also in line with the local and national average. (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).
- The practice used information about care and treatment to make improvements.
- Since our last inspection in January 2018, the practice had commenced a programme of clinical audit that included the review of patients who were prescribed high-risk medicines. They had also completed single cycle audits of patients with complex diabetes, cervical smear taking and did not attend rates for baby immunisations.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. There was an induction programme for new staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Multi-disciplinary team meetings were held once a month.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred to, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. Patients were referred to a local authority run organisation called First for Wellbeing for lifestyle advice that included diet, weight management and smoking cessation.
- The reception staff had received care navigation training in order to help them direct patients to the most appropriate source of help or advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

At our previous inspection on 29 January 2018, we rated the practice as requires improvement for providing caring services because there were areas where patient satisfaction was significantly below local and national averages and the practice could not demonstrate that they had identified carers in order to offer them support.

These arrangements had improved when we undertook a follow up inspection on 3 October 2018. The practice is now rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The results from the latest National GP Patient survey published in August 2018 showed the practice was in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The results from the latest National GP Patient survey published in August 2018 showed the practice was in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room or area in the practice to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered. There was wheelchair access at the rear of the practice and all consultation and treatment rooms were on the ground floor. There were access enabled toilet facilities available.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who lived more than one mile away from a pharmacy.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Home visits and visits to a local care home were available.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and specialist nurses to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The premises were suitable for patients attending with children. There were baby changing facilities available and staff informed us they would offer a private room to mothers wishing to breast feed their babies.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Appointments for children were available outside of school hours.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Online appointment booking and repeat prescription requests were available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, war veterans and domestic violence victims.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Alerts were used on the patient computer record system to highlight vulnerable patients who may be in need of additional support to practice staff.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Longer appointment times were available for patients with multiple problems.
- Posters and leaflets in the patient waiting area advised of support services available

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment. For example, 92% of respondents to the survey responded positively to the overall experience of making an appointment compared to the CCG average of 68% and the national average of 69%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 29 January 2018, we rated the practice as inadequate for providing well-led services as the arrangements in respect of governance, policies and procedures and risk assessments were not adequate.

These arrangements had improved when we undertook a follow up inspection on 3 October 2018. The practice is now rated as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- At the inspection in January 2018 it was identified that the practice manager worked pre-dominantly from home and had limited knowledge of what was happening operationally within the practice. Following the inspection, the practice employed a deputy practice manager who was visible in the practice day-to-day and provided a link between the practice manager and the practice.
- The principal GP and the practice manager were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The principal GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- All staff we spoke with felt supported by the management in the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. Following the inspection in January 2018 the practice had formalised their approach and started having clinical and practice meetings.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff we spoke with commented positively on the change in the culture of the practice following the January 2018 inspection.
- The practice focused on the needs of patients. Feedback from patients was positive and there were improvements in the satisfaction scores in the GP national patient survey published in August 2018.
- Leaders acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- The practice had a small team of staff and demonstrated that there were positive relationships between the staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Following the January 2018 inspection, the practice now had a monthly meeting schedule for all staff. We noted there was a set agenda in place which covered areas

Are services well-led?

such as safeguarding, complaints and significant events at every meeting. Performance and safety alerts were also covered. The practice recorded minutes of these meetings for staff who were not able to attend to access.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All policies in the practice had undergone a review by the practice manager and all contained a review date so staff could be assured they were viewing a current document.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. A buddy site had been identified so services could continue if the building was not
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. At the inspection in January 2018 it was noted that patient note summarising was undertaken by the practice manager from home. The risks associated with taking patient records off site and storing these away from the practice had not been assessed at that time. The practice had now completed a risk assessment for this activity. There was an information governance policy and home working policy in place. The computer used for the work at home had a virtual private network (VPN) to the practice computer system that was encrypted to prevent unauthorized access.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had actively attempted to recruit patients to a patient participation group (PPG) without success. The practice informed us that due to difficulty in recruiting patients to a PPG they had engaged with the East Northants Patient Locality Engagement Group. The group sought the views of patients across the East Northants locality area that included the practice.
- The practice engaged with staff and welcomed their views on how to improve services. All staff were involved in making improvements to the practice following the January 2018 inspection.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The GP and the nurse practitioner had received additional training in long term disease management

Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was taking part in a local pilot to provide access to a GP in the evenings. This involved them

working with other practices within the area and contributing to a GP rota for patients to see a GP for non-emergency pre-booked appointments in the evenings Monday to Friday.

Please refer to the evidence tables for further information.