

Dr Moore & Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wootton Medical Centre on 5 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording and learning from significant events.
- Risks to patients were 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.
- Patients consistently reported experiencing good standards of care and treatment and said they were treated with compassion, dignity and respect. They told us 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. This was reflected in the national patient survey and from reports from patients. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs and equipment was appropriately maintained.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should consider carrying out audits against high risk medicines which used shared care protocols.

Summary of findings

- The practice should install a second thermometer for the vaccine fridges.
- Develop documentation to formalise the induction of staff in line with the practice policy.

- Complete outstanding training as planned.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed and the practice had a variety of assessments and reports demonstrating this. We saw they responded promptly when any areas of risk were identified.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff had access to best practice guidance via their computers and assessed needs and delivered care in line with current evidence based guidance. They also had access to and adhered to locally agreed pathways which reflected best practice.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans and staff reported the benefits of this.
- We saw there was good communication with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice significantly higher than others for all aspects of care with the exception of two areas relating to nurses which were still in line with national and CCG averages.
- Patients reported receiving consistently high standards of care and told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. These comments aligned to the national survey results and comment cards left by patients.
- Information for patients about the services available was easy to understand and accessible.
- The practice were making plans to work towards the Bronze Carers Award from Northamptonshire Carers Association.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. We noted a caring ethos in the practice and staff told us the GPs re-inforced the importance of ensuring good outcomes and experience of health care for patients.

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. For example, the practice engaged in the local enhanced service to provide personalised care to patients in care homes and address health issues promptly reducing the need for unplanned admission to hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- 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 addressed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and worked well with the practice reporting good support and engagement from the practice.
- There was a 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 practice provided weekly ward rounds at a local care home as part of an enhanced service and addressed any health concerns from these patients as well as respond to any daily concerns.
- Regular health and medicine reviews were carried out for older people.

Good



People with long term conditions

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

- The GPs lead on chronic disease management and were supported by the practice nurse and had a robust call and recall system in place to manage this.
- Patients at risk of hospital admission were identified as a priority.
- Data demonstrated that the practice had achieved good outcomes for patients in all areas chronic disease such as diabetes and chronic obstructive pulmonary disease.
- Longer appointments and home visits were available when needed.
- All 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.

Good



Summary of findings

- 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 spoke to some young people who confirmed this.
- Cervical screening rates were above the local and national average.
- Appointments were available outside of school hours for both the GP and nurse and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- Extended hours appointments were available for those patients who could not attend during normal surgery opening times.
- The practice was proactive in offering online services including electronic prescribing as well as a full range of health promotion and screening that reflected the needs for this age group.

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.

Good



Summary of findings

- 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.
- A register for carers was held.

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).

- 98% of 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 of 84%. They visited a local care home weekly and reviewed medicines and care routinely to identify any deterioration or unmet needs.
- The practice was proactive in identifying patients at risk of dementia, and carried out screening for these patients.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 showed the practice was performing significantly above the local and national averages in almost all areas. There were 237 survey forms distributed and 115 were returned. This represented 1.7% of the practice's patient list and a response rate of 49%.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 97% 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%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 95% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients commented on specific GPs and on their prompt referral to specialist care when necessary as well as being given support and advice with their long term conditions.

We spoke with six patients during our inspection. All patients told us they were satisfied with the care they received and thought staff were approachable, committed and caring. All patient feedback data aligned with these views.

Areas for improvement

Action the service SHOULD take to improve

- The practice should consider carrying out audits against high risk medicines which used shared care protocols.
- The practice should install a second thermometer for the vaccine fridges.
- Develop documentation to formalise the induction of staff in line with the practice policy.
- Complete outstanding training as planned.

Dr Moore & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Moore & Partners

Wootton Medical Centre is a GP practice which provides primary medical services under a Personal Medical Services (PMS) contract to a population of approximately 6,670 patients living in Wootton and the surrounding areas of Wootton Fields, Hardingstone and Quinton in Northamptonshire. A PMS contract is a locally agreed contract used for providing medical services.

The practice operates from a two storey premises. All consultations take place on the ground floor and the first floor accommodates district nurses and health visitors attached to the practice. The practice population has a higher than average number of patients aged 40 to 55 years and five to 20 years. 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 GP partners, three of whom are female and one male. The practice employ one practice nurse and a phlebotomist who is also trained in some health care assistant duties and a practice manager who are supported by a team of administrative and reception staff. They are currently recruiting for an additional practice nurse and in the interim are employing the services of a locum nurse for some sessions each week.

The practice is open daily Monday to Friday between 8.00am and 6.30pm and on Wednesdays extended hours appointments are offered until 8.10pm. When the surgery is closed services are provided by an out of hours provider who can be contacted 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 and spoke with a member of the patient participation group.

We carried out an announced inspection on 5 May 2016.

During our inspection we:

- Spoke with a range of staff which included GPs, the practice manager and administration and reception staff and spoke with patients who attended the practice that day.
- Observed how staff assisted patients during their attendance at the practice.

Detailed findings

- Reviewed an anonymised sample of the treatment records of patients.
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a lead GP responsible for investigating clinical incidents. The practice carried out a thorough analysis of the significant events and we saw that these were shared at regular meetings with staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, there had been significant discussion, sharing of learning and raising of awareness to clinicians regarding a specific condition which could be overlooked due to its unusual nature. We also saw audits carried out in response to safety alerts and changes made as a result.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice had policies which were accessible to all staff who had direct links on their computers directing them to local procedures. 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 and all staff were trained to the appropriate level in safeguarding. The practice held monthly safeguarding meetings and we saw minutes of these which demonstrated good communication and with the multi-disciplinary team, including the health visitor, school nurse, district nurses and the midwife. Staff we spoke with understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- There were notices in the practice advising patients that chaperones were available if required. All clinical 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). Some reception staff had not had a DBS check, but the practice had carried out a risk assessment and included in their policy that staff must never be left alone with patients without a DBS check. They had also recently made a decision that DBS checks would be undertaken for all staff but currently only those with DBS checks would act as chaperones until this had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice employed the services of an external cleaning company and the practice manager met monthly with them and carried out a walk around of the building to ensure standards had been maintained. One of the GPs was the infection control lead who had provided training for staff and staff had also accessed online infection control training. There was an infection control protocol in place. The lead GP had involved all staff in auditing the infection control procedures and had a date to review these to ensure actions had been completed. Actions had been taken to address areas identified, for example, the replacement of waste bins.
- 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) although we noted that the fridge for vaccine storage had only one thermometer. Processes were in place for handling repeat prescriptions which included the review

Are services safe?

of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines 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. The practice nurse used Patient Group Directions which had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and signed contracts of employment. The nurse was registered with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been undertaken.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and a lead person had been identified with responsibility for this. There was a health and safety poster in the reception office, although the practice manager had not written on the responsible person, this was reflected in their policy. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked by an external company and was safe to use and clinical equipment had been calibrated in November 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such 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. The reception staff covered for each other during times of annual leave. The practice had employed a locum nurse to cope with demand whilst they were in the process of recruiting a new nurse and reviewed demand regularly to ensure sufficient cover was in place.

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.
- All staff received annual basic life support training and there were emergency medicines to deal with anaphylaxis in every treatment room along with oxygen and an emergency bag was available in a room off the reception area and all staff were aware of this.
- The practice had a defibrillator available in one of the treatment rooms which was checked by the nurse with all other emergency equipment monthly.
- All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included emergency contact numbers for utilities and staff. They had a reciprocal arrangement with another local practice which would allow them to function in the event of unexpected building damage. The practice manager kept a copy off site for easy access in the event of an emergency.

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 and staff had a link to NICE guidelines on their desktops. They used Pathfinder which was a selection of locally agreed pathways developed in line with NICE guidance and used this information to deliver care and treatment that met patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The nursing staff were also aware of NICE updates and gave examples of changes in diabetes and blood pressure targets.

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 which were for 2014/15 showed the practice had achieved 98% of the total number of points available. The practice showed maximum achievement in the QOF for all areas except chronic kidney disease, dementia and mental health but were not outliers in any of these areas. Exception reporting was 7.1% which was below the CCG and national averages of 10.7% and 9.2% 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)

Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average achieving 96% for collective diabetes indicators compared to the national average of 91%.
- Performance for mental health related indicators was slightly below the national average achieving 75% in the mental health indicators compared with 88% nationally but within an acceptable range.

- The practice reviewed their progress regularly towards QOF achievement and had addressed areas of concern. There was evidence of quality improvement including clinical audit. The practice had completed two full cycle clinical audits in the last two years, both of these demonstrated that improvements were implemented and monitored. For example, patients taking specific medicines had been identified, reviewed and medication changed.
- The practice also participated in local audits and benchmarking with other practices in the CCG. The practice was considering an in-house system of peer reviewing secondary care referrals.

The practice nurse reported having close links with the GPs and discussed changes in treatment and monitoring of patients with long term conditions. They also worked closely with the respiratory and diabetes specialist nurses to discuss treatment and care of complex patients. The practice participated in the admission avoidance enhanced service and had systems in place to ensure care plans were updated regularly.

We saw evidence that findings were used by the practice to improve services. For example, recent action taken as a result of audit included continued participation in the local care home enhanced service as they were able to demonstrate a reduction in hospital admissions and other positive outcomes for patients as a result of specific interventions.

Effective staffing

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

- We spoke with the two most recently appointed members of staff. One of them told us they had been inducted into the practice and had had their competency assessed but did not have this documented. They had undertaken safeguarding training, infection prevention and control, and the practice manager had discussed the fire safety arrangements and formal training had been arranged. The other member of staff told us that they had received enough information to carry out their role but this could have been more structured and did not have an induction checklist to demonstrate what had been

Are services effective?

(for example, treatment is effective)

covered. The recruitment policy specified that an induction pack should be created for new staff. We noted there was a comprehensive induction pack for locum GPs.

- 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 newest member of staff had attended a two day phlebotomy course when they commenced with the practice as this accounted for a significant part of their role.
- 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.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, and support for revalidating GPs. All staff had received an annual appraisal and confirmed this was a positive experience. We saw evidence of learning outcomes which had been identified and addressed.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training as well as protected learning afternoons which occurred monthly. Five staff had not completed their fire training update and the practice manager told us this was planned for the next month however the practice manager had discussed the fire procedures with staff regularly. Staff we spoke with were aware of the fire procedures.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records, investigation and test results.

The practice notified the out of hours service about patients with complex needs via the 'special patient notes' facility on their clinical system. Patients who were seen by the out of hours service were notified to the GPs via the computer system and the notifications were reviewed by them every morning. The practice had a protocol in place for dealing with abnormal test results and the GP contacted patients directly. The practice shared relevant information with other services in a timely way, for example when referring patients to secondary care.

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 and when they were referred to, or after they were discharged from hospital. Meetings took place with other health care professionals 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 and some GPs had undertaken training in 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. Written consent was obtained for minor surgery procedures and contraceptive implants and recorded in the patients records.

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 and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties. Patients were offered regular health reviews and signposted to relevant support services such as cancer support and Alzheimer's support. The practice also identified patients in need of extra support following new patients registration and note summarisation.

Are services effective? (for example, treatment is effective)

We saw a variety of health promotion information leaflets and resources, for example, we noted that chlamydia testing kits were available in the reception area and information on services such as prostate cancer awareness, young carers and shingles.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG and national average of 82%. The practice sent letters to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by promoting at health checks and they ensured a female sample taker was available. The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening.

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 81% to 98% and five year olds from 94% to 98%. The practice worked closely with the health visitors and alerted them if children did not attend three times for their immunisations. They had a specific member of staff who ensured that this information was transferred.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect and patients we spoke with on the day and the comment cards we reviewed confirmed this.

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

All of the 28 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 a member of the patient participation group (PPG) who told us they 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. The practice was above average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 94% 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%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

All patients we spoke with told us they were very satisfied with all the staff and reported that they were a caring practice. The staff at the local care home also reported that the GPs were caring and took time with patients during their visits to the home and readily attended in between scheduled visits if requested.

Care planning and involvement in decisions about care and treatment

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

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

- 96% 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%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

Staff from the local care home which the GPs visited weekly also reported that the GPs provided an excellent service to the patients and spent time with patients and relatives involving them in care and explaining conditions and treatments.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care, for example, staff told us that translation services were available for patients who did not have English as a first language and health promotion and information leaflets were available for specific conditions.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website for conditions such as Alzheimer's, mental health and diabetes.

The practice's computer system alerted GPs if a patient was also a carer. They had identified 85 patients as carers which

represented 1.2 % of the practice list. All carers were offered flu vaccinations. When patients registered with the practice a form was available in the registration pack asking patients to identify themselves as carers to the practice and permission to refer to Northamptonshire Careers Association. Following a recent presentation from them the practice had decided to work towards the Bronze carers award and were making plans to achieve 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 contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service dependent on patients' wishes.

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 and participated in local enhanced services such as for nursing homes.

- The practice offered extended hours appointments on Wednesday evenings until 8.10pm for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, long term conditions and any patients who had additional needs and required more time.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Appointments were available up to 12 weeks in advance and same day appointments were available for children, those patients with medical problems and any patients who needed to see a GP urgently.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a wheelchair for patients who had mobility difficulties from the car park to the reception.

Access to the service

The practice was open between 8am and 8.30pm Monday to Friday except for Wednesdays when they remained open until 8.30pm. Appointments were during these times.

Extended hours appointments were offered on Wednesdays from 6.30 until 8.10pm. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.

93% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.

Patients we spoke with reported there was never a problem getting to see a GP and the positive responses on the CQC comment cards aligned with these views. Patients told us on the day of the inspection that they were able to get appointments when they needed them and we noted that some patients had called that morning. We looked at the appointment availability and saw that there were appointments available that afternoon and the following day. 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. Staff told us the GPs were very accessible and approachable and they could contact them at any time if they were uncertain.

Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. We saw evidence of where patients had been contacted with an apology and explanation and that complaints were discussed with staff at regular meetings. Lessons were learnt from individual concerns and complaints and evidence of alerting staff to procedural changes were noted.

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 a mission statement and staff knew and understood the values. The practice had a strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff from their desktop and were also available in hard copy.
- A comprehensive understanding of the performance of the practice was maintained and progress towards the practice QOF achievement was discussed regularly.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

During our inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated a cohesive approach and commitment to delivering a high quality service for patients. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The GPs 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 and staff confirmed this. The practice had systems in place to ensure that when things went wrong with care and treatment they provided

affected people with reasonable support, truthful information and a verbal or written apology. They 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 felt involved in the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was a suggestions box in the reception area and patients were encouraged to submit these.

The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every three months, attended the practice and assisted patients to complete the Friends and Family test and encouraged patients to join the PPG. The PPG reported that the patients were all satisfied with the services provided by the practice. They told us the practice had responded to concerns that some patients did not hear the electronic calling system and they took steps to change it to address this. The PPG worked with the practice and raised funds to purchase items which would help patients, for example, a wheelchair and a blood pressure monitoring machine.

The practice had gathered feedback from staff through day to day discussions, staff meetings and annual appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt involved and engaged with the practice.

Continuous improvement

Are services well-led?

Good 

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

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.