

Dr Rizan Jameel

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 of Dr R Jameel on 7 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded.
- Staffing levels were monitored to ensure they matched patients' needs. Safe arrangements were in place for staff recruitment that protected patients from risks of harm.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training had been identified and planned.

- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- Information about how to make a complaint was readily available and easy to understand.
- The practice had good facilities and was well equipped to assess and treat patients.
- There was clear a leadership structure and staff told us they felt well supported by senior staff. Management proactively sought feedback from patients which they acted on.

However, there were areas of practice where the provider should to make improvements.

The provider should:

- Ensure that clinical audits are repeated to demonstrate on-going patient care improvements.
- Ensure continued monitoring and improvement of health checks and reviews of patients with long-term conditions.

Summary of findings

- Continue to monitor and ensure improvements to national patient surveys.
- Continue to identify and support carers.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to all relevant staff to support improvement.
- Information about safety was recorded, monitored appropriately, reviewed and addressed.
- Risks to patients were assessed and well managed and these were re-visited when circumstances changed.
- There was a recruitment policy and procedure in place to ensure patients safety was protected. We found that senior staff had adhered to the policy and procedure.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.
- There was an infection control protocol in place and regular infection control audits were undertaken.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely.
- Staff had reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to patient care and treatment.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- National data showed that patients rated the practice below average in aspects of care. The practice had responded by carrying out its own patient survey and the areas surveyed indicated improved results. Senior staff told us they would continue monitoring through further patient surveys.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients had their needs explained to them and they told us they were involved with decisions about their treatment.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us it was easy to make an appointment and urgent appointments were available the same day.
- The practice provided enhanced services. For example, avoiding unplanned admissions by carrying out health reviews and development of individual care plans.
- Information about how to complain was available and easy to understand.
- Evidence showed that senior staff responded quickly and appropriately when issues were raised.
- Learning from complaints was shared with all staff and other stakeholders.

Are services well-led?

The practice is rated as good for providing well-led services.

Good



- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- Meetings were held with another practice to share information and identify areas where improvements could be made.
- There were policies and procedures to govern activity and these were accessible to all staff.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them.

Summary of findings

- The Patient Participation Group (PPG) were active. A PPG is a group of patients who represent the views of patients and work with practice staff to improve services and the quality of care.

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 good for the care of older people.

Good



- Practice staff offered proactive, personalised care to meet the needs of older patients.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments.
- Practice staff worked with other agencies and health providers to provide patient support.
- The practice maintained a palliative care and end of life plans were in place for those patients it was appropriate for including vulnerable patients.
- Immunisation for shingles was offered to this population group.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health and care professionals to deliver a multidisciplinary package of care.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed. For example, patients who had diabetes.
- The 2014-2015 data informed that the percentage of patients with diabetes who had health checks was 88% which was 4% below both the CCG average and 1% below the national average.

Families, children and young people

The practice is rated 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. Monthly safeguarding meetings were held to ensure that needs were met of patients at risk of harm.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Family planning advice was given during normal surgery hours.
- Extended hours were in place that allowed children to be seen outside of school hours. Appointments were available until 7.30pm every Monday and 7pm every Tuesday.
- The practice's uptake for the cervical screening programme was 83%, both the CCG and national averages were 74%.
- Childhood immunisation rates for vaccinations given to under two year olds ranged from 82% to 100%, the CCG average was from 88% to 98%. Immunisations for five year olds were from 93% to 96%, the CCG average was from 94% to 97%.

Working age people (including those recently retired and students)

Good



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

- The practice had adjusted its services to accommodate the needs of this population group.
- Extended hours were available and telephone consultations for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Online services were available for booking appointments and ordering repeat prescriptions.
- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.
- There was health promotion and screening that reflected the needs of this age group. For example,

People whose circumstances may make them vulnerable

Good



The practice is rated 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 who had a learning disability.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Summary of findings

- These patients had been signposted to additional support services such as; groups organised by the local authority.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- Practice staff worked with multi-disciplinary teams in the case management of vulnerable patients.
- Staff had registered 1% of the practice population as carers. Some patients chose not to be included in the carers register. Clinical staff offered carers health checks, flu vaccinations and advice.

People experiencing poor mental health (including people with dementia)

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

- The practice maintained a mental health register which included patients who had dementia.
- The review rate for dementia was 100% which was 1% above the CCG average and 3% above the national average.
- Patients who experienced poor mental health had been offered annual physical health checks.
- The practice had developed comprehensive mental health and dementia care plan templates that included details of patients' social needs.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.
- Referrals to other health professionals were made when necessary and patients considered to have severe conditions were flagged (computer alert) as high risk to enable staff to prioritise patients' needs.

Good



Summary of findings

What people who use the service say

As a result of the below average January 2015 national GP patient survey results data the practice conducted its own in-house patient survey in January 2016 based upon 50 responses received:

- How helpful did you find the receptionists, 25 very helpful, 22 fairly helpful and 3 patients said not very helpful.
- How good was the doctor at giving you enough time, 25 very good, 23 good and 2 patients said it was satisfactory.
- How easy was it to get through to someone by phone, very easy 29, fairly easy 20 and 1 patient said it was not very easy.
- How long did you have to wait for your consultation, 41 said between five and 10 minutes, 8 between 11 and 20 minutes and one patient said they waited between 21 and 30 minutes.

However, the national GP patient survey results published in July 2016 showed a mixed response to the local and national averages. From 362 surveys sent out there were 103 responses, this equated to a 28% response rate and 2.5% of 4,186 registered patients.

- 88% of patients found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.

- 70% of patients said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 86% and a national average of 87%.
- 41% of patients found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 86% of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 31% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

At the time of the inspection senior staff had not had opportunity to respond to the more recent national data. They told us they would continue to monitor patient satisfaction through further audits.

During our inspection we spoke with five patients. They told us they were satisfied with the care and treatment they received. One patient told us that it was sometimes difficult to get a pre-booked appointment. No patients we spoke with said they waited a long time before they were seen. 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 all were positive about the standard of care they received and 17 described their care as very good. Two patients expressed concern about difficulty in making pre-booked appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that clinical audits are repeated to demonstrate on-going patient care improvements.
- Ensure continued monitoring and improvement of health checks and reviews of patients with long-term conditions.
- Continue to monitor and ensure improvements to national patient surveys.
- Continue to identify and support carers.

Dr Rizan Jameel

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Rizan Jameel

Dr Jameel's practice provides care for approximately 4,200 patients. The service covers Weston Flavell which is a suburb of Northampton town. The practice holds a General Medical Services contract a nationally agreed contract and provides GP services commissioned by NHS England. The practice has high ethnic population.

The practice is managed by a single handed male GP who provides seven clinical sessions per week. In addition, there are two salaried GPs who between them provide a further six clinical sessions. There are two nurse prescribers who contribute an additional seven clinical sessions per week. Two practice nurses and one health care assistant (HCA) are also employed. They provide cervical screening, vaccinations, reviews of long term conditions and phlebotomy (taking blood samples) services. The practice employs a practice manager, five administration/reception staff and an apprentice receptionist.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

The practice is located in a health centre and shares the premises with three other practices. The practice has three

consulting rooms that are located at ground level for ease of access for patients who have limited mobility. Car parking for patients is limited and shared with the other practices.

The practice is open from 8am until 6.30pm every weekday with the exception of Mondays when the practice closes at 7.30pm and Tuesdays at 7pm. The telephone lines are open every day between 8am and 6.30pm for patients to receive non-clinical advice.

Appointments are available from 9.30am until 12.30pm and 3.30pm until 6pm. Extended hours are provided for pre-booked appointments until 7.30pm every Monday and until 7pm every Tuesday.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by NHS Nene Clinical Commissioning Group (CCG), Mendoc Service. When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet also includes this information and there are leaflets in the waiting area for patients to take away with them.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 7 July 2016. During our inspection we spoke with a range of staff including the senior GP, a nurse prescriber, the health care assistant (HCA), the practice manager and two administration/receptionist staff. We spoke with five patients who used the service and one Patient Participation Group (PPG) member who was also a registered patient. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 28 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. When the practice manager was not available there was another designated member of staff for dealing with incidents and significant events.
- The practice carried out a thorough analysis of the significant events. Significant events were periodically included on the agenda for practice meetings to share lessons learnt and to identify where further improvements could be made.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave an accurate overview of safety.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary to protect patients from inappropriate treatment.

We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, discovery that a patient may not have been eligible to

receive regular repeat prescriptions. The system for ordering prescriptions was improved to prevent a similar recurrence and this was shared with all staff. Staff had also liaised with the patient.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. We saw that risks were addressed when identified and actions put in place to minimise them.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding. All GPs nurses and the health care assistant (HCA) had received the appropriate training to manage safeguarding for children and adults (level three) and non-clinical staff (level one). GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk. The HCA had dedicated sessions to review the safeguarding register to ensure that agreed care plans were in place and adhered to. The practice held monthly meetings with a health visitor in attendance to ensure that appropriate measures were in place for patients at risk of harm. Staff demonstrated they understood their responsibilities and told us where they could access contact details of relevant agencies.
- A notice was displayed in the waiting area and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Some patients we spoke with confirmed that clinical staff offered them this facility.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse prescriber was the infection control clinical lead who liaised with the

Are services safe?

local infection prevention teams to keep up to date with best practice. All other staff received training in infection control annually. There was an infection control protocol in place. An annual audit was carried out and the latest one was dated June 2016. It included actions that were required such as; staff to ensure they use the correct bins and removal of a full sharps bin. The findings had been discussed with staff to ensure their processes were appropriate.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of a safe management of medicines and prescribing practices.
- A pharmacist employed by Nene Clinical Commissioning Group (CCG) visited the practice one day per week. (groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). The pharmacist audited the prescribing by clinical staff and gave advice on where changes should be made to ensure patients received the most appropriate treatment. The lead GP attended CCG locality meetings when necessary to discuss practice prescribing.
- We reviewed three personnel files including the new practice manager who was due to commence shortly, the apprentice receptionist and a salaried GP. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

Monitoring risks to patients

There were procedures in place for the monitoring and management of risks to patient and staff safety.

- A health and safety policy was available to all staff. Environmental risk assessments were carried out to ensure the premises were safe for patients and staff. There were up to date fire safety risk assessments, and staff carried out regular fire drills and weekly fire alarm testing.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated and tested in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. Locum GPs provided cover for GPs and a locum nurse prescriber also provided cover. Non-clinical staff worked extra shifts and covered for each other. We saw that the practice had an appropriate induction and introduction to the practice systems when locums worked at the practice.

Arrangements to deal with emergencies and major incidents

The practice had a written procedure for dealing with medical emergencies.

- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were found to be in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

Are services safe?

or building damage. The plan included emergency contact numbers for staff. A copy of this was held off site to eventualities such as loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice staff carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were up to date.
- Clinical staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- An enhanced service included detailed assessments of patients of all unplanned hospital admissions who were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Senior staff engaged with Nene Clinical Commissioning Group (CCG) and staff were actively striving to make on-going improvements. Regular meetings were held with the CCG to review performance and agree ways of making further improvements to patient assessments and treatment.
- The regular multidisciplinary meetings included district nurses who provided palliative (end of life) care. Every two weeks a Pro Active Care (PAC) meeting was held. The PAC team consisted of a practice GP and a dedicated district nurse. Patients who were at risk were discussed at these meetings in order to manage their care and to offer additional support to enable them to manage their care needs in the own home.
- The lead GP carried out annual health checks of patients who had a learning disability. There were 26 patients on the practice register and all had received an annual health check. The GP used an easy read assessment template to assist the patient in understanding the questions asked of them.
- GPs held meetings every month with a mental health counsellor to discuss ways of providing appropriate support for patients who experienced mental health illness.

- When required a specialist diabetes nurse attended the practice and saw patients who clinical staff found difficult to treat effectively.
- The lead GP had developed care plans for patients with specific conditions that promoted their health and well-being. They were for mental health, learning disability, dementia care and a generic one for use with other long-term conditions. Each one included a wealth of contact details of other services and agencies where patients could obtain advice and support. For example, housing support, employment, Citizens Advice Bureau, weight management, a stress and anxiety service and social services.
- The lead GP had developed a parents' guide on how to monitor and apply prescribed creams for children who suffered with eczema. This leaflet was available in the waiting area for patients to take away with them.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). Comparisons were also made with the local Clinical Commissioning Group (CCG). QOF data published in January 2016 showed the practice was performing above with CCG and national averages;

The practice had an overall patient exception reporting of 11%, which was the same as Nene CCG average and 9% for the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. This includes, for example, patients who choose not to engage in screening processes or accept prescribed medicines.

- The review rate for dementia was 100%; the CCG average was 99% and the national average 97%. There was no patient exception reporting rate.
- The review rate for chronic obstructive pulmonary disease (COPD) was 90%; both the CCG and national averages were 90%. The patient exception rating was 13% compared with the CCG average of 15% and the national average of 12%.

Are services effective?

(for example, treatment is effective)

- The review rate for patients who had depression was 100%; the CCG average was 96% and the national average 92%. The patient exception rating was 33% compared with the CCG average of 24% and the national average of 25%.
- Performance for asthma related indicators was 100%; the CCG average was 99% and the national average 97%. The patient exception reporting rate was 6% compared with 8% CCG average and 7% national average.
- Performance for patients with a learning disability was 100%; which was the same as both the CCG and national averages. There was no practice exception reporting rate.
- Performance for heart failure was 100%; the CCG average was 99% and the national average 98%. The patient exception rating was 9% compared with the CCG average of 10% and the national average of 9%.
- Performance for palliative (end of life) care was 100%; the CCG average was 99% and the national average 98%. There was no patient exception reporting rate.
- The percentage of patients with hypertension having regular blood pressure checks was 76%; the CCG average was 85% and the national average 84%. The patient exception reporting rate was 5% compared with the CCG and national averages of 4%.
- The percentage of patients with diabetes who had health checks was 88%; the CCG average was 92% and national average 89%. The patient exception reporting rate was 13% compared with the CCG average of 14% and national average of 11%.

A meeting had been held in May 2016 with senior staff in attendance to discuss the low attendances for health checks and reviews of patients with long-term conditions. An action plan was developed to encourage patients to attend. It included text message reminders when review dates were due, liaison with other health services who provided care for patients with long-term conditions. Also opportunistic reviews, a reduction of the prescription time from 28 days and a request at the June 2016 meeting for the Patient Participation Group (PPG) to hand out review information leaflets to patients. The minutes of the meeting indicated that a review date had been set for August 2016 to discuss the results.

All patients who failed to attend for their appointments were sent three letters reminding them of the importance to attend.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improved patient care. For example:

- An asthma nurse had reviewed the patient records of all patients who had asthma and where necessary recommended changes in patient treatments. We saw that this audit was carried out annually.
- The CCG pharmacist had carried out numerous audits of the clinical staffs prescribing and these were on-going but had not yet been repeated.
- Another audit concerned the prescribing of calcium and vitamin D3. It was dated June 2016. A total of 95 patients were reviewed and as a result of the audit some patients received medicine reviews and/or further advice. The report recommended a repeat of the audit should be carried out after 12 months.

Only one of the above audits had been repeated to evidence that changes made had been sustained in patient care.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, policies and procedures and confidentiality.
- The practice had a training programme in place and extra courses were provided that were relevant to specific roles. For example, nurses had received specialist training in chronic conditions such as; diabetes and prescribing. Staff who administered vaccines could demonstrate how they stayed up to date with changes of the immunisation programmes.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and

Are services effective?

(for example, treatment is effective)

mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.

- The practice held monthly protected learning time when all staff discussed clinical issues, safeguarding, patient care and operational matters. These contributed to staff knowledge and skills.
- Staff received training that included: safeguarding, fire procedures, Caldecott (ensuring safe keeping and appropriate use of information) and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with told us they had the opportunity to build on their knowledge and development to enhance services provided to patients. For example, the health care assistant (HCA) had requested training in ear syringing and this had been provided.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were available.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services and the out of hours care team.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs in an appropriate and timely way. Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. The range of multi-disciplinary meetings held assisted in promoting seamless care.

Consent to care and treatment

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

- All staff had received training in the Mental Capacity Act (MCA) 2005. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.
- 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.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines. We saw a patient filling in a consent form for childhood vaccinations.

Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity. Patients were then signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The practice's uptake for the cervical screening programme was 83%; this was higher than both the CCG and national averages of 74%. The practice exception rating was 9% compared with 7% CCG average and 6% national average.

Are services effective?

(for example, treatment is effective)

- Letters and the assessment tool for patients who had a learning disability were in easy read format to assist them in understanding the need for their health check.
- Patients who failed to attend for their appointments were sent three reminders advising them of the importance in attending.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published January 2016 showed;
- 72% of female patients had attended for breast screening during a 36 month period, compared with the CCG average of 77% and the national average 72%.
- 52% of patients had undergone bowel screening in the last 30 month period, compared with 60% CCG average and 58% national average.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed. We spoke with a recently registered patient who was attending for their health check.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 100%, the CCG average was from 88% to 98%. Immunisations for five year olds were from 93% to 96%, the CCG average was from 94% to 97%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years.

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.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private area to discuss their needs. Reception staff expressed concerns about patient privacy at the reception desk. (A total of four practices used dedicated areas of a semi-circle shaped reception desk). Staff had requested that a screen should be obtained to improve patient privacy. Senior staff were researching available screening.
- The five patients we spoke with and the PPG member were very complimentary about the way in which all staff communicated with them. All of the 28 patient comment cards we received were positive about the service they received and about how staff liaised and kept patients informed.
- Throughout our inspection we observed how staff responded to patients and saw they were treated with respect at all times. We saw that staff were friendly and helpful. Patients told us that staff provided either a good or an excellent service.

Results from the national GP patient survey published in January 2016 showed how patients felt about how were treated regarding compassion, dignity and respect. Satisfaction scores were mixed for its satisfaction scores on consultations with GPs and nurses. For example:

- 72% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%

- 73% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 91% of patients said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 97% and national average of 97%.
- 86% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

As a result of the above data the practice conducted its own in-house patient survey in January 2016 based upon 50 responses received:

- Was the GP good at listening to you, 30 very good, 15 good and 5 patients said satisfactory.
- Would you be happy to see the GP again, 48 patients said yes and 2 said no.
- How good was the GP at being polite and considerate, 8 patients said very good, 23 good and 19 patients said satisfactory.

Senior staff told us they would continue to monitor patient satisfaction through further audits.

Care planning and involvement in decisions about care and treatment

We spoke with five patients and reviewed 28 comment cards on the day of our inspection which confirmed that patients felt involved with decisions about their healthcare and treatment. Patients spoke positively about the way that GPs and nurses explained their condition and the options available to them about their care needs.

As a result of the low averages from the January 2016 national GP patient survey data the practice conducted its own in-house patient survey in January 2016 based upon 50 responses received:

- How good was the GP at explaining your condition and treatment, 42 patients said very good, 7 good and 1 patient said satisfactory.

Are services caring?

- How good was the GP in involving you in decisions about your care, 48 patients said very good, 1 good and 1 patient said satisfactory.

However the results from the national GP patient survey published in July 2016 showed lower than average results 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:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Senior staff told us they had not had an opportunity to respond to the latest results but they would continue to monitor patient satisfaction through further audits.

We saw a range of health promotion advice and leaflets about long term conditions were in the waiting area that provided patients with information and support services they could contact.

The practice leaflet provided general information about the services provided; it was available in three languages. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. Following a bereavement a GP offered the family/carers support and if necessary referral to a counselling service. The practice manager told us that staff knew the patients and they sometimes attended the funeral.

The practice's computer system alerted GPs if a patient was also a carer. There were 58 carers on the register which equated to 1% of registered patients. The practice manager told us that the numbers of carers was lower than average because some patients chose not to divulge such information.

Close to the reception desk carers packs were provided for carers to take away with them. The packs included a wide range of support groups and details of the Northamptonshire Carers Association that carers could register with. The information displayed included details of various support groups. Carers were offered an annual flu vaccination and health checks for their health promotion and well-being.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients. Many services were provided from the practice such as; diabetic clinics, childhood immunisation and ante natal care. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- All requests for same day appointments were triaged to ensure that a face to face appointment was necessary.
- Patients could book appointments up to three weeks in advance.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- Patients received a text message reminder of their pending appointment.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Regular meetings took place to discuss and plan care for vulnerable patients and those with complex needs.
- Patients who were at risk of unplanned admission to hospital were closely monitored.
- Frequent A and E hospital attenders were reviewed by a practice nurse to inform patients of the purpose of the A and E department to prevent unnecessary attendances.
- Easy read letters and leaflets and health check assessment tool were available for patients who had a learning disability to enable their understanding.
- There were facilities for patients with a disability, a hearing loop and translation services available at reception.

- Clinical staff paid particular attention to the needs of carers including their access for appointments.
- The practice leaflet and website gave information in three languages to assist patients understanding of the services available to them.

Access to the service

The practice was open from 8am until 6.30pm every weekday with the exception of Mondays when the practice closed at 7.30pm and Tuesdays at 7pm. The telephone lines were open every weekday between 8am and 6.30pm for patients to receive non-clinical advice.

Appointments were available from 9.30am until 12.30pm and 3.30pm until 6pm. During the opening times the lead GP was available to provide any urgent care. Extended hours were provided for pre-booked appointments until 7.30pm every Monday and until 7pm every Tuesday.

There was a triage system in place whereby GPs rang patients who had requested same day appointments to check if they needed a face to face appointment with a GP or nurse prescriber. Some patients did not need to attend and were given advice by phone.

As a result of the low averages from the January 2016 national GP patient survey data the practice conducted its own in-house patient survey in January 2016 based upon 50 responses received:

- How easy was it to get through to someone at your practice by phone, 29 patients said very easy, 20 said fairly easy and 1 patient said it was not easy.
- How easy was it to book ahead, 42 patients said very easy, 4 said fairly easy and 4 patients said not very easy.
- Could you normally be seen the same day, 45 patients said yes and 5 patients said no.
- Were the practice opening times convenient, 36 patients said yes and 14 patients said no.

However, results from the national GP patient survey published July 2016 showed that patients' were not satisfied with how they could access care and treatment compared with local and national averages. For example:

- 41% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 85% and the national average of 85%.
- 65% of patients described their experience of making an appointment as positive compared to the CCG average of 73% and national average of 73%.
- 67% reported they were satisfied with the opening hours compared to the CCG average of 76% and national average of 76%.

Of the five patients we spoke with one said that it was sometimes difficult to make a pre-booked appointment and two of the 28 comment cards said the same.

Senior staff told us they would continue to monitor patient satisfaction through further audits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and at reception.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to and was available in five languages. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.
- The practice kept a complaints log and there had been 13 formal complaints received from April 2015 to March 2016 over the past 12 months.
- We saw that complaints had been dealt with in an effective and timely way. Explanations were given to patients. For example, a patient was late for their appointment because they had been delayed at the reception desk. Changes were made to the clinic timing to prevent a similar recurrence.
- We saw that complaints were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint was evident. Complaints were discussed with staff during meetings to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were reviewed regularly during staff meetings to ensure that appropriate actions had been taken.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients.

- There was a statement of purpose with clear aims and objectives which staff understood.
- The practice had a mission statement and this was on display in the waiting area.
- Arrangements were in place for a salaried GP to register as a partner in September or October 2016.
- Senior staff had commenced negotiations for a possible merger with another practice located within the health centre.

Governance arrangements

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

- There was a staffing structure and staff we spoke with were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- Staff attended regular range of meetings to discuss issues, patient care and further develop the practice. Monthly practice meetings were held with all staff invited to attend to keep themselves updated and to participate in changes made.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The lead GP demonstrated they had the experience, capacity and capability to run the practice effectively and promote high quality care.

- All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well-run practice.
- They prioritised safety, on-going service improvements and compassionate care.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff we spoke with told us they were encouraged to consider their training needs with a view to enhancing their roles.
- There were systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology.

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

The practice encouraged and valued feedback from patients, the public and staff.

- Staff proactively sought patients' feedback and engaged patients in the delivery of the service. Staff had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. The practice manager told us they had established a new PPG because the previous one was no longer effective.
- The PPG held quarterly meetings and liaised with senior staff between these times. A PPG member we spoke with said they felt the staff listened to them and that changes would be made whenever practicable. For example, the PPG had suggested that staff should wear name badges and that a list of staff roles should be displayed to enable patients understanding of how the practice works. We saw that staff wore name badges and the practice manager told us that the list of staff roles was being developed. The PPG member told us they and other PPG members spent time with patients showing them how to use the touch screen when they arrived for an appointment and encouraged patients to use on-line appointment booking and repeat prescription requests.