

Abington Medical Centre

Quality Report

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Date of inspection visit: 2 June 2016
Date of publication: 05/08/2016

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 Abington Medical Centre on 2 June 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 including lessons learned.
- Safe arrangements were in place for staff recruitment that protected patients from risks of harm. The numbers of staff were regularly reviewed to enable them to meet patients' needs.
- There were on-going arrangements were in place to protect patients and others from unnecessary infections.
- 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 encouraged and planned.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- Senior staff had responded to the latest results of the National Patient Survey regarding access for appointments. A system was introduced in April 2016. All patients who requested same day appointments were triaged to ensure they received appropriate and timely care.
- Information about how to make a complaint was readily available and easy to understand. Complaints received were dealt with appropriately.
- The practice had good facilities and was well equipped to assess and treat patients.

Summary of findings

- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management sought feedback from patients which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Increase the number of clinical audits that are repeated to demonstrate on-going clinical systems improvement for patient care.
- Continue to monitor implementation of the new same day appointment system for improvement in future patient survey results.

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

In addition the provider should:

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.

- 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 patient safety was protected. We found that senior staff had adhered to the policy and procedure for recruitment checks.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Some patients who regularly attend the hospital A and E department were referred to the Collaborative Care Team (CCT) for assessment.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data published January 2016 from the National Patient Survey showed that the practice was comparable with local and national averages regarding aspects of care.
- Patients we spoke with told us they were satisfied with their care and some said it was excellent.
- 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.
- The practice was proactive and there were robust systems were in place for identifying carers, provision of support and the dedicated carers notice board provided registration details and details of the support services available to them.

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.
- Staff had responded to patient's comments about their difficulty in getting appointments. A new same day appointments system was introduced in April 2016.
- 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 and information shared to identify areas where improvements could be made.

Summary of findings

- 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.
- The Patient Participation Group (PPG) were active and staff responded positively to them when issues were raised. 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

Good



The practice is rated good for the care of older people.

- 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.
- Extended appointments were available to ensure all aspects of their care needs were assessed.
- GPs routinely carried out weekly visits to three care homes to monitor resident's health needs. They would attend at short notice when a resident became unwell.
- Practice staff worked with other agencies and health providers to provide patient support.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a higher than average number of patients who had diabetes. The lead nurse regularly liaised with the diabetic nurse specialist to ensure they provided appropriate care.
- 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 care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

Families, children and young people

Good



The practice is rated good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison with the health visitor to review those children who were considered to be at risk of harm.
- All children were triaged and if necessary seen the same day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Childhood vaccinations were in line with the local and national averages.

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.
- Telephone consultations were provided 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.
- Patients we spoke with told us that clinical staff routinely provided healthy living advice to promote their well-being.

Summary of findings

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.
- Invitation letters for health reviews and for cervical screening were available in easy read format to assist patients who had a learning disability in their understanding of their care needs.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- These patients had been signposted to additional support services such as; social services and day care facilities.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for managing with vulnerable adults and children.
- The practice had registered 2% of the practice population as carers. The Northamptonshire Carers Association had given the practice a bronze award in January 2016 and the practice manager told us they were working towards the silver award.

People experiencing poor mental health (including people with dementia)

Good



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

- Patients who experience poor mental health had received an annual physical health check.
- Reviews for these patients were carried out in one visit in order to reduce the stress they may experience in attending the practice.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.

Summary of findings

- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia.
- This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- Referrals to other health professionals were made when necessary.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line in most areas with local and national averages. A total of 298 surveys had been distributed and there had been 111 responses, this equated to a 37% response rate and less than 1% of the total practice population.

- 87% of patients found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 89% of patients said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 85% and a national average of 87%.
- 57% of patients found it easy to get through to this surgery by phone compared with a CCG average of 71% 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%.

- 49% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

Senior staff had responded to the above results by making changes to the appointments system in April 2016. Practice staff had not yet audited the effects of the new system. None of the patients we spoke with or recordings in the comment cards made reference to a long wait to get through to the practice by phone.

During our inspection we spoke with nine patients. They told us they were satisfied with the care and treatment they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were positive about the standard of care they received. Some patients described their care as excellent.

Areas for improvement

Action the service **SHOULD** take to improve

- Increase the number of clinical audits that are repeated to demonstrate on-going clinical systems improvement for patient care.
- Continue to monitor implementation of the new same day appointment system for improvement in future patient survey results.

Abington Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a practice manager, specialist advisors. An Expert by Experience also assisted with the inspection.

Background to Abington Medical Centre

Abington Medical Centre provides care for approximately 14,250 patients. The service covers Northampton West, Central, East and South localities of Northampton. The practice holds a General Medical Services contract, a nationally agreed contract and provides GP services commissioned by NHS England. There was a slightly higher than average age group of 45-60 years of patients who were registered at the practice, the remainder were in line with national averages.

The premises were purpose built with other health services sited within the complex. For example, a dental, optician and sports clinics. There is a direct link from the premises to a pharmacy. Car parking is shared with other services with a limited number of spaces. All consulting rooms are located at ground level for ease of access for patients who have limited mobility.

The practice is managed by five GP partners (four male, one female) who between them provide 40 clinical sessions per week. There are two salaried GPs who provide a further 16 clinical sessions per week. Two GP's or salaried GPs are due to commence working at the practice in September 2016 who will provide an additional 16 clinical sessions per week. GPs are supported by one nurse prescriber, four

practice nurses and two health care assistants (HCAs). They provide cervical screening, vaccinations, reviews of long term conditions and phlebotomy (taking blood samples) services. The practice employs a practice manager, a deputy practice manager, a reception manager and 21 reception/administration staff.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, injections and vaccinations. Although the practice is registered for surgical procedures no minor surgery is currently being carried out. GPs from the practice provide health care services for the residents of three care homes.

The practice is open from 8am until 6.30pm every weekday.

Appointments are available from 8am until 11.30am and from 2.30pm until 6.30pm daily.

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); Integrated Care 24 Limited. 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

Detailed findings

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.

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 2 June 2016. During our visit we spoke with a range of staff including two GP partners, the lead nurse, a health care assistant (HCA), the practice manager, deputy practice manager, reception manager and two receptionists. We spoke with nine patients who used the service and two Patient Participation Group (PPG) members who were also registered patients. 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 14 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.
- The practice carried out a thorough analysis of the significant events. Significant events were a standing agenda item 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 support, clear information, a verbal and written apology and were told about any actions taken 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. The practice did not use the National Reporting and Learning System (NRLS). This is a means of sharing lessons learned from safety incidents.
- 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.

There had been 11 significant events recorded during the last 12 months and we saw that they had been dealt with appropriately. 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, following an incident where a GP had missed a

request for a home visit. A system was implemented whereby the duty GP checked the list of home visits to prevent a recurrence and we saw that an apology had been given the patient concerned.

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 and all GPs had received appropriate (level three) training and nurses level two training. All staff had received training that was appropriate to their role. 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 and regularly reviewed it. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff told us that if necessary they would take the initiative by contacting relevant agencies. A nurse described the actions they had taken when they were concerned about a patient's safety.
- Patients who were considered to be at risk were discussed during the monthly multidisciplinary meetings when a health visitor was in attendance. The safeguarding lead administrator also attended the meeting.
- A notice was displayed in the waiting room 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

Are services safe?

be vulnerable). Some patients we spoke with were not aware that they could request a chaperone; the posters in the clinical rooms were smaller than the poster in the waiting area.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead nurse was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control. There was an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually and reviewed after six months. The latest audit was dated January 2016 and included an action plan for improvements that were needed. We saw that the actions had been completed. An infection control specialist regularly went into the practice to provide advice regarding safe hand washing techniques. Staff monitored the hygiene standards and there were regular communications with the cleaning company when requests were made. For example, a request was made to clean behind the beds in the clinical rooms.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Patients who received high risk medicines such as; methotrexate and warfarin were regularly monitored through health reviews to check that the medicine dosage remained appropriate. The practice held a range of Patient Group Directives (PGDs) which were reviewed annually. These are written instructions for the administration of medicines and vaccinations and are used to test staff competencies regarding safe administration.
- 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 safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were made by administration staff and these were checked by a GP for accuracy before the prescription was issued to the patient.

- The practice had a GP lead for prescribing and meetings were held every two months. These meetings gave GPs the opportunity of being informed of any national or local changes in prescribing and ensured prescribing consistency throughout the practice.
- We reviewed six personnel files including non-clinical staff, nurses, a salaried GP and a locum GP and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate 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. Monthly 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. Three members of staff had received fire marshal training to enable them to respond and take the lead in the event of a fire.
- 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 in accordance with the supplier's instructions.
- Staff carried out monthly risks assessments of the premises to protect patients, staff and other people from unnecessary risks.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. All staff absences were covered by other staff re-arranging or working extra

Are services safe?

shifts. Some shifts were being covered by locum GPs until the new GPs or salaried GPs commenced in September 2016. They had received an appropriate induction and introduction to the practice systems when they commenced employment.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of this were 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

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE and local guidelines and used this information to deliver care and treatment that met patients' needs.
- 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 who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles. The patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Monthly multidisciplinary meetings were held with MacMillan nurses, district nurses, practice nurses, a health visitor, the diabetic nurse specialist, the deputy practice manager and the safeguarding administration lead. Patients who were at risk of harm or received palliative (end of life) care were discussed and where necessary changes made to suit their needs and provision of seamless care.
- Nurse meetings were held monthly with the health care assistants (HCA) in attendance. The agenda items included clinical aspects of care and where changes could be made to improve the operational aspect of the practice.
- Some patients who regularly attended the hospital A and E department were referred to the Collaborative Care Team (CCT) for assessment. A practice GP attended these weekly meetings to investigate ways of providing the most appropriate care for these patients.
- A practice GP and the receptionist tracker attended the weekly Pro Active Care (PPC) team meetings. 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.

- Senior staff were engaging with the Nene Clinical Commissioning Group (CCG) and staff were actively striving to make on-going improvements. (CCG's are 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). Clinical staff attended the monthly meetings to discuss ways of improving patient care.
- Designated GPs made weekly visits to three assigned care home to assess the residents health needs. This provided continuity of care and cemented relationships with the care homes staff.
- Staff had recently introduced a template for diagnosis of urinary tract infections. This tool assisted staff in making prompt (same day) diagnosis and prescribing treatment. Although staff had not yet reviewed the effectiveness of the tool patients had reported their satisfaction with the service they received.
- In March 2016 the practice introduced a system of 'one stop' mental health reviews so that patients had their tests and saw a nurse and a GP at the same time to relieve the patients of any undue stress. Patients were asked to fill out a form beforehand which was included in the patient's notes and served to streamline the review process. We were told that this method was being introduced for the 61 registered patients who had a learning disability and was being considered for patients who had dementia.
- A counsellor visited the practice at least once a week and carried out clinical reviews of patients who experienced poor mental health, stress and depression. They gave patients advice and signposted them to support groups to improve their well-being and lifestyles.

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

Are services effective?

(for example, treatment is effective)

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 review rate for dementia was 100% which was 3% above the CCG average and 6% above the national average. The practice exception reporting rate was 7%.
- The review rate for patients who had depression was 100% which was 4% above the CCG average and 8% above the national average. The practice exception rating was 15% compared with the CCG average of 24% and the national average of 25%.
- Performance for asthma related indicators was 100% which was 1% above the CCG average and 3% above the national average. The practice exception reporting rate was 1%.
- Performance for patients with a learning disability was 100% which was the same as the CCG and national averages. There was no practice exception reporting rate.
- Performance for heart failure was 100% which was 1% above both the CCG and national averages. The practice exception rating was 10% compared with the CCG average of 10% and the national average of 9%.
- Performance for palliative (end of life) care was 100% which was 1% above the CCG average and 2% above the national average. There was no practice exception reporting rate.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was 2% above both the CCG and national averages. The practice exception reporting rate was 10%, this was 6% above the CCG and national averages.

We asked clinical staff why the exception rating for hypertension was above the CCG and National averages. They told us that their computer system automatically exception rated patients after they had received three reminder letters but GPs continued to see these patients when possible.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improved patient care. Only one audit had been repeated to evidence that improvements made had been sustained in patient care. They example:

- Clinical staff had undertaken an audit regarding the reason for prescribing and the length of time in the therapeutic range for warfarin. The first audit was dated November 2015 and the second February and March 2016.
- Another audit concerned the effectiveness of staff in obtaining cervical screening specimens. These were carried out September 2014 and October 2015. These concerned staff skills rather than patient care.
- We reviewed a third audit concerning improved prescribing of a range of antibiotics. The audit was dated July 2015 but did not indicate that it would be repeated.

During the presentation at the beginning of the inspection one of the GP Partners acknowledged the need for increased second cycle clinical audits to ensure on-going clinical improvements 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, the lead nurse had received specialist training in chronic conditions such as; diabetes. 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, basic life support 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.

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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.

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.

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 92%, both the CCG and national averages were 82%. The practice exception rating was 14%. Clinical staff told us this was because of the culture and preferences of some patients.
- Letters 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.

Are services effective?

(for example, treatment is effective)

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published January 2016 told us that;
- 77% of female patients had attended for breast screening during a 36 month period, which was the same as the CCG average and 4% above the national average.
- 57% 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.
- 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 92% to 98%, the CCG average was from 88% to 98%. Immunisations for five year olds were from 95% to 99%, the CCG average was from 95% 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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- There was a blood pressure monitoring machine in the waiting area so that patients could drop in at any time to check their blood pressure. Patients were asked to take the written result to the reception desk for them to be entered into the patient's medical notes.

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.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The nine patients we spoke with and the two PPG members were very complimentary about the way in which all staff communicated with them.
- All of the 14 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. The practice was mixed for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% 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%
- 80% 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%.

- 94% of patients said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 96% 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%.
- 91% 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%.

Care planning and involvement in decisions about care and treatment

We spoke with nine patients and reviewed 14 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.

Results from the national GP patient survey published January in 2016 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:

- 84% 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 80%.
- 87% 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 explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 90% 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 81%.

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.

Are services caring?

The practice leaflet provided a wealth of information including how to treat minor ailments; it was available in five 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. A Sympathy card was sent to a family member. GPs offered relatives/carers support and if necessary referral to a counselling service. The practice manager told us that if family members contacted the practice for an appointment that they would always be accommodated. Booklets were available in the waiting area that provided a complete guide about what needed to be done following bereavement.

The practice's computer system alerted GPs if a patient was also a carer. An audit had been carried out in October 2015; it informed us that there were (341) 2% carers registered at the practice. The audit concerned the support services offered to carers. For example, regular depression screening and whether consent had been sought from patients to share their health information with their carers'. The audit included an action plan and we saw that all nine had been completed such as; updating the website with better links. There was a dedicated notice board that was kept up to date by a member of staff. It provided advice about what constitutes a carer, a range of details about support groups, carers' events and fund raising for unpaid carers. The Northamptonshire Carers Association had given the practice a bronze award in January 2016 and the practice manager told us they were working towards the silver award. Carers were offered an annual flu vaccine for their health promotion and were given flexibility when making appointments.

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, ante natal care and smoking cessation advice. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- All patients who requested a same day appointment were given a form to fill in on their arrival; this provided prompt information and the details were saved in the patient's notes. This system used the appointment time effectively to ensure that patients' needs were met.
- All requests for same day appointments were triaged to ensure that a face to face appointment was necessary.
- 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 personalised (the GP or nurse by name) text messages to remind them of their pending appointment.
- Some patients who had hearing difficulty had email access for same day appointments.
- 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.
- Easy read letters and leaflets including how to make a complaint 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.
- The practice leaflet provided a wealth of information and advice about minor conditions. It was available in five languages.
- Clinical staff paid particular attention to the needs of carers including their access for appointments.

Access to the service

The practice was open from 8am until 6.30pm every weekday.

Appointments were available from 8am until 11.30am and from 2.30pm until 6.30pm daily.

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

- 51% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 68% 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 75% and the national average of 76%.
- 63% of patients described their experience of making an appointment as positive compared to the CCG average of 73% and national average of 73%.
- 76% reported they were satisfied with the opening hours compared to the CCG average of 79% and national average of 78%.

Staff responded to patients comments about their availability to get an appointment. In April 2016 a new system was introduced. All patients who requested a same day appointment were phoned by a GP who assessed their need. The GP provided advice, tests, treatment or booked a same day face to face appointment.

All requests for same day appointments were triaged by a GP and contacted by a member of the emergency care team. The duty GP carried out the triaging and other GPs were rostered to support the duty GP in carrying out the role. The comments we received from patients were mainly

Are services responsive to people's needs?

(for example, to feedback?)

positive such as; one patient said they did not need to leave work to attend the practice because their care needs were sorted by phone. Some patients said they did not like the new system.

A GP told us the benefits of the system freed up appointment slots and gave them the opportunity to prioritise patients who required prompt home visits. We saw that the 'did not attend' (DNA) rate had fallen to only 15 failing to attend for their appointment the previous week. Staff told us this was a significant improvement.

A GP told us that more appointments would be available when the new GPs or salaried GPs commenced in September 2016.

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 complaint leaflet was available 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 16 formal complaints received over the past 12 months. The practice manager told us they dealt with verbal complaints promptly through discussions with patients. They told us they kept a log of verbal complaints to enable them to identify trends and where necessary take appropriate action.
- We saw that complaints had been dealt with in an effective and timely way. Explanations were given to patients. For example, a carer requested an immediate home visit but a GP was not available at the time. A GP spoke with the carer and from the information provided advised that transfer to hospital was needed.
- 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.

- A copy of the practice mission statement was on display in the waiting area and on the practice web site for patients to view.
- A GP was the chair for the Clinical Commissioning Group (CCG) meetings. Initiatives included development of a new prescribing protocol. That included a visible audit trail. When completed this would be shared with other practices.
- Senior staff had considered the needs of the future with the steady increase in the number of registered patients. Two new GPs were due to commence working at the practice in September 2016 and this would lead to increased clinical sessions.
- The introduction of the urinary tract infection tool had speeded up diagnosis and appropriate treatment for this disorder.
- Plans were in place to send text messages that advised carers of events, courses and activities they could attend.
- Practice staff had a six monthly away day and discussed ways of making improvements to the service and dealing with trouble shooting.

Governance arrangements

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

- There was a clear staffing structure and staff 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.

- The reception manager held monthly reception meetings with an open agenda to enable feedback on experiences, complaints. It was an opportunity to suggest improvements such as; changing the seating arrangement in the waiting area.
- Monthly nurse meetings to discussed issues, patient care and further develop the practice. For example, the lead nurse suggested longer appointments for reviews of most chronic conditions to ensure all of the patients' needs were met.
- Monthly partners meetings were held to discuss the operational aspects of the service, safeguarding, significant events and to plan ahead.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners had the experience, capacity and capability to run the practice effectively and promote high quality care. They prioritised safe, 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. The partners were visible in the practice and staff told us they were approachable at all times and encouraged honesty.

Staff said they felt respected, valued and supported, particularly by the partners in the practice and that there was an open culture. Staff we spoke with told us they were encouraged to consider their training needs with a view to enhancing their roles.

The practice had 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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It 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.

There was an active PPG which met quarterly and regularly liaised with senior staff between these times. PPG members said they felt the staff listened to them and that changes would be facilitated whenever practicable. For example, a current initiative involved the PPG encouraging the practice to install an information television screen to give patients additional information about the practice and a means of advertising flu clinics. This initiative was in discussion with senior practice staff.

Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. The PPG members were kept informed about the practice and they channelled the view of patients back to practice staff.

Continuous improvement

There was focus on continuous learning and improvement at all levels within the practice. Discussions were in progress through meetings about how they would implement the proposed Nene Clinical Commissioning Group (CCG) model of caring strategy.

GPs acknowledged that repeated clinical audits would be incorporated to demonstrate on-going clinical systems improvement for patient care.