Dr Cotterell and Partners

Quality Report

Green Lane,
Thrapston,
Northamptonshire
NN14 4QL
Tel: 01832 732456
Website: www.nenevalleysurgery.co.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nene Valley Surgery on 16 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients expressed high levels of satisfaction and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care and reported that they could see a GP on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are to:

- Consider introducing a recording template for significant events which allows reflection and identification of themes and clearly shows actions taken.
- Consider a more robust recording of actions from safety alerts.
- Consider a more robust system for recording communications with out of hours providers.

Summary of findings

- Introduce a system for recording written consent for invasive procedures.
- Ensure that the DBS check is completed for the member of the nursing team employed prior to 2002 and confirm this has been done.

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?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients received reasonable support, truthful information, a verbal and written apology when things went wrong. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams such as the diabetes specialist nurse and respiratory team to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for most aspects of care. Patients expressed satisfaction with the GPs and gave examples of high standards of caring.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients spoke very positively about all staff and the way they delivered care.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available at the reception and on the practice website. It was easy to understand and evidence showed the practice responded quickly to issues raised, although complaints were few. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings where governance was discussed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and reported good engagement with the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They carried out weekly ward rounds at a local care home and provided care and treatment where necessary.
- The practice had a system to alert staff to older patients who needed rapid access to services and medical staff.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with two or more long term conditions were considered for inclusion in the admission avoidance register.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice worked closely with the specialist teams such as the heart failure nurse, diabetes specialist nurse and local respiratory team to provide coordinated care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- 75% of patients diagnosed with asthma on the register, had had an asthma review in the last 12 months.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 85% of eligible patients had received cervical screening which was above the local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included extended hours appointments until 7.30pm some evenings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered text reminders for appointments to prevent patients not attending.
- Electronic prescribing was available which removed the need for working people to attend the surgery to collect their prescriptions.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were offered for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, such as the local food bank and local Sure Start.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, such as the Alzheimer's Society and CHAT a teenage counselling service.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 above the local and national averages in all areas except having to wait 15 minutes or less and not having to wait too long to be seen. There were 233 survey forms distributed and 116 were returned which represented approximately 2% of the practice's patient list. Results were very positive and showed that:

- 92% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, all of which were positive about the standard of care received. Patients frequently commented on the high standard of care received from both GPs and nursing staff and many specifically commented on the helpful and friendly reception and dispensary staff. Some highlighted that whilst the standard of care was good, they did find it difficult to get appointments on occasions.

We spoke with six patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. Several patients we spoke with provided detailed examples of how the GPs had been particularly vigilant in identifying specific conditions, and told us of their prompt referrals to specialist care and subsequent successful treatment.

Areas for improvement

Action the service SHOULD take to improve

- Consider introducing a recording template for significant events which allows reflection and identification of themes and clearly shows actions taken.
- Consider a more robust recording of actions from safety alerts.
- Consider a more robust system for recording communications with out of hours providers.
- Introduce a system for recording written consent for invasive procedures.
- Ensure that the DBS check is completed for the member of the nursing team employed prior to 2002 and confirm this has been done.

Dr Cotterell and Partners

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 adviser and a practice manager.

Background to Dr Cotterell and Partners

Dr Cotterell and partners is a semi-rural GP practice which provides primary medical services under a Personal Medical Services (PMS) contract to a population of approximately 5, 800 patients living in Thrapston and the surrounding villages in Northamptonshire. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice operates from single storey premises and the practice population has a higher than average number of patients aged 10 to 15 years and 40 to 60 years and national data indicates that the area is not one that experiences high levels of deprivation. The practice population is made up of predominantly white British patients.

There are three GP partners, two male and one female and the practice employs two practice nurses, a health care assistant and a practice manager, who are supported by a team of administrative and reception staff. In additional there is a range of staff qualified to work and dispense medicines in the dispensary. The practice dispensary provides a service for approximately 1, 800 patients.

The practice is open daily Monday to Friday between 8.00am and 6.30pm, with the exception of Thursdays when extended hours appointments are offered until 7.30pm and the practice is open until 8pm. When the surgery is closed services are provided by an out of hours provider who can be contacted via the service via NHS 111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 16 February 2016.

During our inspection we:

- Spoke with a range of staff including GPs, nursing staff and administration, reception and dispensary staff and spoke with patients who used the service. The practice manager was not present on the day of inspection but we spoke with her prior to the inspection.

Detailed findings

- Observed how patients were dealt with and assisted during their visit to the practice and talked with patients and family members.
- Reviewed templates, systems and processes in use at the practice as well as policies and protocols.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events, which was in the form of a book. These were recorded and investigated and discussed at clinical meetings and we saw evidence of this. Staff told us they would inform the practice manager of any incidents and were all aware of the book and the procedure for reporting. There was no template to clearly demonstrate the outcomes and allow reflection in the future to easily identify themes.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. The practice manager received safety alerts and these were printed out for some GPs as well as being sent by email to all GPs and relevant staff. They were raised at meetings and dispensary meetings and plans were made to action these where necessary. Lessons learnt were shared to make sure action was taken to improve safety in the practice, although we noted that where changes were not implemented for any reason these were not annotated in the patient record.

When there were any incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP who was the lead member of staff for safeguarding and all GPs were trained to the appropriate level for Safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- There were notices around the practice that advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check) except for one of the nurses who joined the practice prior to the mandatory requirement for this check. However, the practice had since made a decision to carry out a DBS check in line with best practice and current legislation. The practice told us this was being applied for. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who had carried out handwashing audits and monthly checks. The staff had check lists in place to inform them what needed checking and nursing staff carried out daily cleaning on their equipment prior to procedures. There was an infection control protocol in place, although this had not been reviewed recently. The nurses told us they were in the process of updating protocols. Staff had received up to date training in infection control. The practice used re-usable instruments and carried out decontamination and sterilisation of instruments using procedures in line with current guidance.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had a dispensary and had employed appropriately trained staff and the dispensary was well managed and organised. They had standard operating procedures which had been recently reviewed and had been signed by staff to confirm they had been read and understood. We saw that standard procedures had been adhered to, for example, we saw the controlled medicines register was checked regularly and annotated. Meetings were held every two months for all dispensing staff with the practice manager or one of the GPs. There were systems in place for checking and addressing medicines which were soon to expire. The dispensary fridges were

maintained and temperatures checked daily showing the minimum, maximum and current temperature, although the fridge in the nurses room recorded only the current temperature. The nurses immediately amended the checking procedure to record all relevant temperatures, although the fridge had a data logger which allowed the practice to check the temperature over any 24 hours period.

- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a risk assessment had been carried out for the whole premises as well as an external risk assessment. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke to told us they provided cover for each other during times of leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Whilst this was checked regularly with the emergency equipment, the staff had not noticed that the defibrillator pads had a separate expiry date which had lapsed. They told us they would now include this in their checking procedure and replace the pads. The practice manager confirmed that these had been replaced.
- 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 and had been reviewed and updated in November 2015.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs and whilst the practice did not have a formal mechanism agreed for adoption of NICE guidelines, there was evidence that they were using them and they were a standing agenda item at the practice meetings. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had achieved 98% of the total number of points available, which was above the CCG and national average of 97% and 83% respectively. Exception reporting was 5% overall, which was less than the CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets and had a higher achievement in most areas. The practice had good robust systems in place to monitor and manage long term conditions which was reflected in the practice QOF achievements. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average. They had achieved 97% of the total points available.
- The percentage of patients with hypertension having regular blood pressure tests was 90% which was above the national average 84% .
- Performance for mental health related indicators was 81% and was comparable to the national average.

Clinical audits undertaken demonstrated quality improvement. There had been four clinical audits completed in the last two years as well as a number of audits regarding prescribing initiated by the CCG. Two of these were completed audits where the improvements made were implemented and monitored. For example, referral pathways for orthopaedic treatments had been audited to identify the need for a change in pathway which resulted in lower referral rates to secondary care. The practice had carried out an audit of minor surgery which identified that there were no post-operative infections and that all cases were followed up appropriately.

The practice participated in local audits, national benchmarking, accreditation, and peer review. They were also able to refer to other GPs within the practice for an opinion on specific areas as all GPs had additional training and a special interest in clinical areas such as dermatology, gynaecology, ear, nose and throat and mental health and cardiology.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. We spoke with one of the most recently appointed members of staff who told us they had received a thorough induction and had been able to shadow other staff. They told us their induction covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and that they had had a review after three months with the practice manager to discuss their progress and identify any learning needs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. We spoke with the nursing staff who could demonstrate they had been trained to carry out monitoring and review of long term conditions and one of the nurses was working closely with the diabetes specialist nurse to develop their knowledge further in complex cases of diabetes. They had been trained in minor illness and had significant experience in end of life care. Nurses administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

vaccinations could demonstrate how they kept up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Staff told us they were well supported and could readily access advice from the GPs at any time.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals. All staff we spoke with had had an appraisal within the last 12 months.
- 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 and protected learning sessions held monthly.

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 also available. However, there were some difficulties with information sharing with district nurses as they used a different system to that of the practice. This also affected some of the out of hours and hospital information shared, and whilst there was evidence that this took place, the system could be improved. The nurses told us they were notified of hospital discharge letters and out of hours attendances via a book in reception and would follow up patients if required.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, the practice worked with the community heart failure nurse and the local respiratory team to provide more co-ordinated care for these patients. Although formal multi-disciplinary meetings did not take place, the practice did discuss these patients at the clinical practice meeting, and palliative care staff would be notified of any change if necessary. We saw evidence that patients were reviewed on a regular basis and that care plans were routinely updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance, for example the nurses discussed childhood immunisations and travel vaccinations and had a consent form which was signed and scanned into the patient record. However, there was no written consent form for minor surgery, intra uterine contraceptive devices (IUCD) or long acting reversible contraception (LARS) and verbal and implied consent was accepted when patients had received a full explanation of the procedure. The verbal consent was recorded on the patients' medical record by the GP. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA) and some staff had received MCA training.

The GPs and nursing staff were able to demonstrate knowledge of assessment of capacity to consent in line with relevant guidance when providing care and treatment for children and young people. 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. We noted that the practice had added an alert to the records of patients who did not read or write to alert staff that they would require additional assistance with understanding the consent process as well as hospital appointments.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients who were at high risk of admission to hospital, in the last 12 months of their lives, carers, those at risk of developing a long-term condition and patients were then signposted to the relevant service. The practice also directed patients to CHAT which was a counselling service for teenagers.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 82% and the national average of 82%. The practice encouraged uptake of the screening programme by reminding patients when they attended for other reasons. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The

Good

Are services effective?

(for example, treatment is effective)

practice was involved in the C Card scheme which allowed young people to attend the practice to collect a barrier method contraception by showing a card and removing the need to engage in discussion regarding their contraception needs. The nursing staff had received training regarding this service. The practice also offered chlamydia screening for young people between the age of 15 and 24 years.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 92% to 97%. The practice nurse told us that if any children did not attend three times for their immunisations then they alerted the health visitor who contacted the family. The practice was situated in an area where traveller family sites existed. They told us they encouraged this group to attend the practice and provided immunisation whilst they were resident in the town.

Flu vaccination rates for the over 65s and at risk groups were at 95% which was above the CCG and national averages.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Patients we spoke with confirmed this and told us that the reception staff were always friendly, approachable and welcoming.

- There were screens provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a notice in reception informing patients that a room was available if they needed to discuss sensitive issues to talk private.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients consistently referred to caring staff and gave examples of acts of kindness from all members of the practice team. Patients specifically commented on the help received to understand and adjust to long term conditions and difficult diagnoses.

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients had responded positively and felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 85%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 86% 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%
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 82%)
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85% , national average 85%).

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

We saw notices in the patient waiting room that informed patients how to access a number of support groups and organisations. The practice had created an information board regarding a range of specific conditions such macular degeneration, to help patient understanding and were working with the patient participation group to display themes regarding health promotion and management of existing conditions.

Good

Are services caring?

The practice had information informing carers about what was available to them and directed them to the Northamptonshire Carers association. The practice's computer system also alerted GPs if a patient was a carer which showed they had 75 carers which represented approximately 1.4% of the practice population.

Staff told us that if families had suffered bereavement, their usual GP would contact them if they considered it appropriate. Patients we spoke with and comment cards referred to bereavement support they had received which they had found supportive and helpful during a difficult time in their lives.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the CCG had announced a joint project with Age Concern to help offer support to those patients who felt isolated and the practice intended to signpost patients when appropriate.

- The practice offered extended hours appointments until 7.30pm on Thursdays for working patients and those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who were unable to attend the practice.
- Same day appointments were available for patients who needed to see a doctor urgently and the practice had a nurse practitioner and provided telephone triage .
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and the practice had wheelchairs for patients who arrived by car and needed mobility assistance from the car park.
- The practice worked with specialist teams to deliver care in the community for patients with conditions such as heart failure and respiratory problems.
- The practice had employed a councillor to support patients with mental health problems and also had access to the local Wellbeing team.

Access to the service

The practice was open between 8am until 6.30pm Monday to Friday. Appointments were available from 8.30am for GPs and nurses from 8am. Extended surgery hours were offered on Thursdays from 6.30pm until 7.30pm for pre booked appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments, and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were significantly higher than the local and national averages.

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and national average of 85%.
- 92% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 96% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. We looked at the complaints policy and saw that procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. There were complaint leaflets available from the reception staff, on the practice website and in the practice leaflet.

We looked at six complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, an action was to ensure staff informed patients of the procedure for referral to secondary care and the expected timescales.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients through providing individualised, patient centred care in a safe and compassionate manner without prejudice. Practice staff knew and understood the values and demonstrated a commitment to this. The practice had a strategy which reflected the vision and values and this was regularly monitored. We noted from national survey results that the patients who reported they were able to see their own preferred GP was 90% which was significantly higher than the CCG and national averages of 55% and 60% respectively. Patients told us that they usually saw their own GP which they valued and indicated that the practice was achieving part of their vision.

Governance arrangements

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

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

Leadership and culture

The partners in the practice expressed a commitment to delivering high quality care and led by example. They prioritised safe, high quality and compassionate care and this was confirmed by staff who told us the partners were visible in the practice and were approachable and told us there was a caring ethos within the practice. Staff told us they felt supported by all the GPs in the practice but there was also a specific GP who had a pastoral role for staff which staff reported as beneficial and spoke positively about this.

The partners were aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty and staff we spoke with confirmed this. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents or any issues regarding patients the practice gave affected people reasonable support, truthful information and a verbal and written explanation. The practice kept written records of interactions and written correspondence.

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

- We saw from minutes of meetings that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they were involved in discussions about what took place in the practice and ways of improving. They told us the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- There was an active PPG who met every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had suggested the introduction of text messaging patients reminders for appointments to reduce the number of patients who did not attend, which had had a positive effect. The practice had also introduced nurse triage to help improve access to appointments following feedback from the PPG. The PPG fed back to the practice that patients would like on the day appointments to be available on line and the

Are services well-led?

Good

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

practice had introduced this. We also saw that the PPG produced a newsletter informing patients of what happens in the practice and highlighted current health topics.

- We spoke with two members of the PPG who told us the practice manager and a GP attended their meetings and they felt the practice listened to their views and acted on their feedback. The PPG had been involved with health education displays and had organised open days in the town where the practice staff attended to promote health.
- The practice had gathered feedback from staff through general meetings, day to day discussions as well as from appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Many of the staff had been employed at the practice for over 10 years and staff told us they felt involved and engaged with the practice and that the practice management listened to them.

Continuous improvement

There was a strong patient focus and commitment to learning and improvement at all levels within the practice. Several patients commented on the high level of patient care and access to in house specialisms of the GPs. For example, one GP specialised in ear, nose and throat conditions, respiratory and cardiology, one in mental health and one in gynaecology and dermatology. The GPs were able to refer in house for an opinion to prevent unnecessary hospital referrals. The practice supported medical students periodically, and other learners and carried out joint clinics monthly with the specialist diabetes nurse to promote learning and service development