

St Luke's Primary Care Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Luke's Medical Centre on 5 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. We noted there was no process for recording the actions following safety alerts, however, we did see evidence that these had been actioned. Following our inspection the practice provided evidence that they had implemented a system to address this.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment although patient survey results reported lower than average responses in most areas.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us they did not find it easy to make an appointment with any GP and that it was particularly difficult to get an appointment with a GP of choice. There were urgent appointments available the same day, and patients who needed to see a GP urgently could always see one.
- The practice had very 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 and the patient participation group member we spoke with confirmed this.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Continue to address areas of patient dissatisfaction from the national patient survey including customer service training for reception staff.
- Continue to explore ways of improving access to appointments.

- Consider more formal meetings and recording discussions with reception and administration staff.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice and there was good daily communication between the GPs.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse with appropriately trained staff.
- Risks to patients were assessed and well managed and the practice was able to demonstrate comprehensive risk assessments in many areas and reduction of risk.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw examples of clinical audits which 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 all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. The practice attributed this to the shortage of GPs and difficulty in recruiting and were working to address this.

Summary of findings

- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment but the levels of satisfaction from the national GP patient survey were lower than the CCG and national averages.
- 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?

The practice is rated as good for providing responsive services.

Good



- 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. One of the GPs attended the monthly locality board meeting.
- Many patients reported difficulty in getting appointments and the practice have been working to address this for some time. They have introduced measures to improve access and are continuing with this work. Urgent appointments were available the same day and patients did report if they needed to see a GP urgently then they could.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 governance meetings.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on via the patient participation group which was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participate in a care home enhanced service and hold regular meetings with the proactive care team to assess the needs of these patients.
- The care homes had access to a bypass numbers which allowed them to access advice from a GP urgently.

Good



People with long term conditions

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.
- Diabetes indicators were slightly below the CCG and national averages but the practice was not an outlier. The practice had changed their recall system to increase patients uptake of annual review.
- 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. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the district nurses were based in the building which enabled easy access for discussion about patients for whom they had concerns.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were above the CCG and national average.
- 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, health visitors and school nurses and regular formal and informal meetings took place.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered text reminders of appointments and offered online access to appointments and repeat prescriptions.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had introduced a system to alert GPs if a patient suffering with depression required a review prior to prescribing their next medication.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They provided a facility for patients to be seen on the premises by specialist mental health professionals.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for those patients with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the patients satisfaction responses were lower than the local and national averages. There had been 257 survey forms distributed and 116 returned. This represented less than 1% of the practice's patient list.

- 41% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 67% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which patients had left at the practice. Four of these contained positive comments regarding the care and treatment they received at the practice and expressed satisfaction with the treatment and the standard of care received. However, six patients commented on difficulty in getting through for an appointment, four of whom also commented on the abrupt manner of reception staff.

We spoke with eight patients during the inspection. All patients reported difficulty in getting routine appointments but said the GPs and nurses provided good care when they did get to see them. They told us they thought staff were approachable, committed and caring and patients with long term conditions reported they were called regularly for a review of their condition.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to address areas of patient dissatisfaction from the national patient survey including customer service training for reception staff.
- Continue to explore ways of improving access to appointments.
- Consider more formal meetings and recording discussions with reception and administration staff.

St Luke's Primary Care 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 specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to St Luke's Primary Care Centre

St Luke's Primary Care Medical Centre is a GP practice which provides primary medical services under a Personal Medical Services (PMS) contract to a population of approximately 22,000 patients living in Duston and the surrounding areas in Northamptonshire. A PMS contract is a locally agreed contract used for providing medical services.

The practice operates from a three storey, purpose built premises with all consultations taking place on the ground floor and the first floor. The premises accommodates district nurses and health visitors and other members of the primary health care team such as those from the Wellbeing Team and the Improving Access to Psychological Therapies (IAPT) programme staff. The practice population has a higher than average number of patients aged 20 to 40 years and 0 to 10 years. National data indicates that the area is not one that experiences high levels of deprivation. The practice population is made up of predominantly white British patients. The area is one which has seen significant residential development in recent years which is ongoing.

The practice has continued to try to increase their GP workforce to meet the demands of the practice population

and currently there are nine GP partners; six female and three male as well as three salaried female GPs. The practice employ a nurse practitioner, six practice nurses and two health care assistants. There is an assistant practice manager and a practice manager who are supported by a team of administrative and reception staff. As a result of difficulty in GP recruitment the practice ceased provision of a selection of non-essential services to enable staff to provide an adequate and safe level of essential contracted services.

The practice is open daily Monday to Friday between 8.00am and 6.30pm. When the surgery is closed services are provided by an out of hours provider called Integrated Care 24 who can be contacted via the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting the practice we reviewed a range of information about them and asked other organisations to share what they knew. We carried out an announced inspection on 5 April 2016. During our inspection we:

Detailed findings

- Spoke with a range of staff, including GPs, a practice nurse, a health care assistant, the assistant practice manager, practice manager and administration and reception staff and spoke with patients who attended the practice that day.
- Observed how staff assisted patients who attended the practice and talked with carers and family members.
- Reviewed an anonymised sample of the personal care records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

- There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to complete. The incident recording forms were maintained in a log and all events were held on the practice intranet. The incident reporting forms supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment the practice carried out a thorough analysis of the significant events and patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, GPs had been alerted to the risks regarding specific medicines and their interactions. Patient safety alerts were received by the practice manager who disseminated them to the appropriate team member for action. We noted there was no log to record the action taken, however, following our inspection the practice manager provided evidence that they had introduced a means of recording these actions.
- Staff we spoke with told us they received the outcomes from significant events and also discussed significant issues that other practices had learned from that had been shared with them. These were not minuted as the practice manager used presentations to share with the staff. However, following our inspection the practice manager confirmed that they had introduced a means of recording this for the reception and administrative staff.
- The practice kept an accident book in reception with forms for completion, which were submitted to the practice manager for use to report health and safety issues if necessary.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and all clinical rooms contained a flow chart to guide staff in the event of a concern being raised. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to appropriate level to manage child safeguarding (level 3).
- There were notices in the practice that advised patients that chaperones were available if required. All clinical staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Reception and administrative staff were trained in chaperoning but rarely undertook this role. DBS checks were not carried out for the administration and reception staff, but we saw that the practice had carried out a risk assessment for these members of staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who kept up to date with best practice and had received training in infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence of audits for the last 3 years and that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We saw an inventory of medicines stored in the clinical room which clearly recorded the stock and expiry dates which were checked monthly. The fridge temperatures had been recorded daily and were within the appropriate minimum and maximum levels to ensure vaccines were maintained at the correct temperatures. We noted the keys to the fridge and medicines cupboard were stored in a drawer in a room not accessed or occupied by patients, although these should have been kept in a locked cabinet. Following our inspection the practice provided evidence that a wall mounted coded key safe had been installed.

- We saw there were robust processes in place for handling repeat prescriptions which included the review of high risk medicines. These were managed using shared care protocols with secondary care. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw evidence of these. Health care assistants (HCA) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber and one of the HCAs we spoke with confirmed they had been assessed as competent for this role. All nurses we spoke with reported they were supported by the GPs and could approach them at any time with queries or concerns regarding clinical issues.
- We reviewed two 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.

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 with a poster in the staff room which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked in February 2015 to ensure the equipment was safe to use and clinical equipment was checked in September 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such 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 enough staff were on duty. The practice manager maintained a log of skill sets and carried out a regular review of this to ensure there were enough staff with the appropriate skills available for duty. The practice had identified that they needed to recruit more GPs and were actively trying to achieve this. In the interim, part time GPs often worked additional sessions to ensure adequate cover and there were two regular locum GPs who worked at the practice.

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. Staff reported that they had used this in the past to alert others to an emergency and it had been effective.
- All staff received annual basic life support training and there were emergency medicines available. Staff gave examples of where they had implemented the emergency procedures and all staff had acted appropriately and had achieved good outcomes for patients.
- The practice had a defibrillator available on the ground and first floors of the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- We checked emergency medicines and found they were in date and easily accessible to staff in a secure area of the practice and all staff knew of their location.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This was available to all staff on the practice intranet and six key members of staff held copies off site. The plan included emergency contact numbers for contractors and utilities and staff members contact details were kept by the supervisors.

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 which the practice could access through Pathfinder. This was a set of locally agreed guidelines adopted in line with NICE guidance. The practice used long term conditions templates which were driven by NICE and best practice guidelines and we saw examples of those used for coronary vascular disease and atrial fibrillation. The GPs discussed changes to NICE guidance during their daily meetings and at monthly protected learning sessions. We saw examples of where their guidelines had been revised as a result of NICE guidelines changes such as two week cancer wait referrals. 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 most recent published results showed the practice had achieved 95% of the total number of points available. Overall exception reporting was 9.5% which was lower than the CCG average of 10.7% and comparable with the national average of 9.2%. (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. Data from 2014/15 showed:

- Performance for diabetes related indicators was 85% which was slightly below the national average of 89%. The practice had been actively building their disease registers as they had identified that prevalence was lower than expected for their list size and had taken steps to address this.

Performance for mental health related indicators was higher than the national average and the practice had achieved. For example:

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, which were completed audits where the improvements made were implemented and monitored. For example, there was evidence in improvement in care of patients with chronic kidney disease and also for the treatment of children on specific medicines ensuring that they were receiving care in line with current best practice guidelines.
- The practice participated in local CCG prescribing incentive schemes and monitored referral rates to secondary care. The nurses in the practice ran searches to review the QOF clinics to determine if they were any changes necessary to increase uptake of services. Findings were used by the practice to improve services. For example, we saw that discussion took place with the GPs and practice staff and changes were made, for example they had reviewed their process for calling patients for review, streamlined the process and provided more appointment availability over the year to address lower than average uptake of certain clinics.

Information about patients' outcomes was used to make improvements. We saw care plans were in place for elderly patients in care homes and medications reviews were carried out in line with best practice. We saw that the practice used structured templates for long term conditions which had been organised for review to coincide with their month of birth.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had a comprehensive induction programme for all newly appointed staff. All staff were provided with a welcome pack as well as a health and safety handbook and summary of training which required completion by the end of induction. Training included topics such as safeguarding, basic life support and information governance. Following one month of starting with the practice, new staff had a review to discuss their progress.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice manager had completed a skill sets checklist which they reviewed regularly. Staff we spoke with told us they had carried out specific training since joining the practice to allow them to progress and provide more support to patients such as smoking cessation advice and injections which required more specialist knowledge.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Staff we spoke with reported feeling supported by GPs and peers.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Nurses were supported and appraised by the GPs and all staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and described it as a positive two way process.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training.

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. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- The out of hours service used the same clinical recording system as the practice, who were able to share patient care plans which included 'do not attempt to resuscitate' documentation and information regarding the patients preferred place of death. Secondary care consultations were arranged by the referral systems and community psychiatric nurses via the single point of access number. Patients requiring referral for suspected cancer were referred via the two week cancer route for which forms were faxed to the local general hospital.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- Test results were received electronically and actioned the next working day by the GPs who would contact the patients to notify them of any urgent treatment or follow up necessary.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and GPs had received MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and all staff demonstrated a knowledge of this.
- 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.

Are services effective?

(for example, treatment is effective)

- The practice gained written consent for minor surgery procedures which were scanned and maintained in the patients records. The process for seeking consent was monitored through patient records audits.
- The practice had a hearing loop, visual board and a selection of patient information leaflets to assist them in understanding their treatment to enable an informed decision.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on smoking cessation. Where necessary patients were signposted to the relevant service. The practice offered health checks and screened specific patients at higher risk of conditions such as thyroid disease and vitamin B12 deficiency. A physiotherapist and podiatrist attended the surgery to provide services when required.
- The practice's uptake for the cervical screening programme was 91%, which was above the CCG and national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for

their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, 58% had attended for bowel screening and 73% had attended for breast screening within six months of invitation which was comparable to the national average of 55% and 73%. 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.

- 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 80% to 100% and five year olds from 94% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- The reception area was a large open space with signs requesting patients to remain back from the reception area. Telephone calls were taken in the back of reception and could not be heard by patients arriving for their appointment. There was a room available for patients who wished to talk to a member of the reception staff in private and a notice informing patients of this. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- The practice provided curtains 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 and conversations taking place in these rooms could not be overheard. We saw that training had been provided for all staff regarding confidentiality.

We collected ten patient Care Quality Commission comment cards, four of which spoke positively about the care and treatment provided by the practice. Six of the cards reported difficulty in getting an appointment, four of which also reported experiencing abrupt reception staff. We spoke with eight patients who said that when they could get an appointment to see the GP and nurse they were happy with the care provided and reported that the GPs were very good and treated them with kindness and compassion. They told us that staff were generally, helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed in the main patients felt they were treated with compassion, dignity and respect. However, in some areas a lower number than average patients reported satisfaction and the practice was an outlier in those areas. For example,

- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- the number of patients who reported that their overall experience of the practice was good or fairly good was 67% which was significantly lower than the CCG and national average of 84% and 85% respectively.

The practice was slightly below the CCG and national average for its satisfaction scores in other areas. The practice had acknowledged their patient satisfaction levels and told us they had experienced significant challenges with appointments, staff changes and GP shortages over a year ago which may have impacted on the results. However, they were continuing to review and address areas of dissatisfaction in a number of ways. By reviewing and adjusting the appointment system, trying to recruit GPs and providing training for reception staff to address customer service issues.

The latest survey results published in July 2015 showed:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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. Patients provided several examples of where they had been informed and advised regarding their long term conditions and the options available to them. However, results from the national patients survey reported lower than average responses to this question For example:

- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There were also hearing loops available in both waiting areas on the ground and first floor, as well as signs in braille. We saw a range of information leaflets available to inform patients regarding their condition and treatments available in the reception areas.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 372 patients as carers which represented 1.7% of the practice list. The practice was working to increase this number to achieve the Bronze carers award from Northamptonshire Carers association. The practice had a carers board which provided written information informing patients of what was available to direct carers to the various avenues of support available to them.

When families had suffered a bereavement all staff were notified via the practice intranet system and their usual GP was tasked to notify community staff and decide on further support or contact necessary. They also provided information for bereavement support groups such as CRUSE.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware of the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to discuss these. The practice told us there had been significant contractual funding changes recently which had resulted in a cessation of non-essential services such as phlebotomy and extended hours.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice nurse held minor illness clinics.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available and a lift to all floors.
- The practice had a young population and had a midwife who attended the practice and health visitors and district nurses were based at the practice.

Access to the service

The practice was open between 8am until 6.30pm Monday to Friday and appointments were from 8.10am with nurses and from 8am for GPs. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them as well as pre-bookable telephone consultations and on the day telephone consultations.

The practice used an automated booking service which allowed online booking and patients could also book via reception. We saw that the practice had carried out significant work to address issues and improve patient access to appointments over the last two years. They had reviewed, analysed and changed the previous system which had not been successful and introduced a more streamlined system which allowed staff and resources to be managed more effectively. The system was more flexible and provided an opportunity to improve continuity of care.

The practice had 12 incoming lines to deal with appointments and six reception staff taking calls. The practice had a triage system in place to assess whether a home visit was clinically necessary. The practice's clinical system included a template for home visit requests which allowed the staff to print off a summary and these were taken to the GPs daily morning meeting to determine the most appropriate GP to carry out the visit. Non-clinical staff did not make decisions of this nature and the practice had a policy regarding this. GPs called the patients to determine if a consultation was necessary.

The practice was also involved in a pilot scheme with NHS 111 regarding on the day appointments. When all on the day appointments had been taken, the practice directed the patients to NHS111 who would advise the patient if they needed to see a GP that day.

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

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 75%.

Whilst 41% of patients said they could get through easily to the practice by phone compared to the national average of 73%, since these results the practice have reviewed the telephone appointment system and some patients we spoke with on the day of inspection reported this had improved. People told us on the day of the inspection that although it was difficult to get a routine appointment they could always be seen if they needed to see a GP urgently.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The practice manager was the lead for complaints had a complaints policy which was in line with recognised guidance and contractual obligations for GPs in England. We saw that information was available to help patients understand the complaints system and complaints leaflets were available in the reception area.

We looked at 67 complaints received in the last 12 months, which included both written and verbal complaints. We found that these had been satisfactorily handled, dealt with in a timely way with openness and transparency. We noted from the complaints log that patients had been contacted with an apology verbally and in writing and that

Are services responsive to people's needs? (for example, to feedback?)

lessons had been learnt from individual concerns and complaints. For example, we saw that staff had undertaken additional training as a result of an omission identified

following investigation of a complaint. We also noted that staff had been advised where necessary of areas of their work which could be strengthened and supported to improve.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We saw their mission statement and vision was clearly set out identified aims and objectives for staff to achieve the vision. Staff we spoke with knew and understood the values and their roles regarding this. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This identified 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 via the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained via staff involvement and discussion at meetings
- A programme of clinical and internal audit was used to monitor quality and make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the practice manager described and demonstrated that the GPs and management team had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. They demonstrated they had addressed the challenges which had arisen following recent contractual changes and had sought interim solutions to some of these but this work was ongoing in view of the local and national GP shortage. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The GPs were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go

wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment and we saw evidence of this from the handling of complaints and significant events. They gave affected people reasonable support, truthful information and a verbal or written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular nurse team meetings and partners meetings and we saw minutes of these to confirm this. Administration and reception staff met monthly during protected learning time, although minutes were not recorded. Staff also told us the practice manager kept them informed of practice matters at all times via discussion or email. Following our inspection the practice manager submitted evidence to confirm that they had introduced a means of recording the administration and reception staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to improve and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. There were eight active members in the PPG. We spoke with a member of the PPG during our inspection who spoke positively about the practice's relationship with the PPG and told us they listened to their concerns. They told us there had been

Are services well-led?

Good 

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

considerable discussion regarding the difficulty the practice had in recruiting GPs. The PPG told us the practice had responded to concerns regarding issues with reception staff in the past and this was addressed with relevant training. The practice had also introduced signs in reception in response to comments from the PPG. The practice team had sought their opinion on electronic prescribing which they had now introduced.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had developed plans to address the challenges as a result of changing contracts to enable the practice to continue to provide safe and adequate services for patients. They continuing to develop the appointment system to manage patient demand and the difficulty in recruiting new GPs.