

# Drs Thompson, Gower, Kendall and Rookledge

## 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 inspection of The Long Buckby Practice on 7 October 2014. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of good. This was based on all of the five domains and six population groups we looked at achieving the same good rating.

Our key findings were as follows:

- Patients reported good access to the practice. Appointments, including those required out of normal working hours or in an emergency were available.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children. All staff demonstrated a good awareness of the processes.
- Systems were in place to maintain the appropriate standards of cleanliness and protect people from the risks of infection. The practice was clean.

- We saw patients receiving respectful treatment from staff. Patients felt that their privacy and dignity was respected by staff.

We saw several areas of outstanding practice including:

- The services and support provided to patients who identified as carers.
- The medical and psychological reviews provided to looked after children who may not be permanently registered as patients at the practice.

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

The provider should:

- Ensure that all staff receive training in the Mental Capacity Act (2005).

**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 safe. The structure of management and meetings ensured that staff were informed about risks and decision making. There were incident and significant event reporting procedures in place that encouraged learning and action was taken to prevent recurrence of incidents when required. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. Cleanliness, equipment and medication were monitored and maintained. Staff at the practice only completed the tasks they were qualified to do. Patients were protected from the risk of harm and/or unsafe treatment.

Good



### Are services effective?

The practice is rated as good for effective. The practice reviewed, discussed and acted upon best practice guidance and information to improve the patient experience. The practice provided a number of services designed to promote patients' health and wellbeing. There were appropriate systems to ensure new staff received the relevant checks and that their skills and abilities were monitored. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. Patients received a coordinated and targeted approach to their care, provided by competent staff in a suitable and timely manner.

Good



### Are services caring?

The practice is rated as good for caring. On the day of our inspection, we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Patients told us they felt listened to and included in decisions about their care. Accessible information was provided to help patients understand the care available to them.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. There were services targeted at those most at risk such as older people, those with long term conditions and those reporting mental health concerns. Patients reported good access to the practice. Appointments, including those required out of normal working hours or in an emergency were available. A number of suitable methods were

Good



# Summary of findings

available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

## Are services well-led?

The practice is rated as good for well-led. Staff were aware of individual accountabilities and responsibilities and understood their own roles and objectives. Staff felt engaged in a culture of openness and consultation. An appropriate management and meeting structure ensured that staff were aware of how decisions were reached and of their roles in implementing them. Staff were supported by management and a system of policies and procedures that governed activity. The management structure ensured that risks to patient care were anticipated, monitored, reviewed and acted upon. The practice sought feedback from patients and staff and listened to representatives of the patient population.

**Good**



# 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 population group of older people. The practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced services were provided such as those for dementia and end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations.

Good



### People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP or nurse leads for a range of long term conditions such as asthma, diabetes and epilepsy.

Good



### Families, children and young people

The practice is rated as good for the population group of families, children and young people. These patients were safe and protected in the provision of their care. Systems were in place and adhered to for identifying and protecting patients at risk of abuse. A named GP carried out monthly visits to a local looked after children's home to provide medical and psychological reviews. There were six week and six month post natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours and the premises was suitable for children and babies.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the population group of working age people (including those recently retired and students). The practice offered online services such as appointment booking and repeat prescriptions. The practice encouraged feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who

Good



# Summary of findings

work with the practice to discuss and develop the services provided). The practice responded to the needs of working age patients with extended opening hours every other Saturday from 8.30am to midday.

## People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients were sign-posted to various support groups. Staff knew how to recognise signs of abuse in vulnerable adults and were aware of their responsibilities in raising safeguarding concerns.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). There was a GP lead for mental health at the practice. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Six weekly meetings included the attendance of the community mental health team and a consultant psychiatrist.

The practice had a system in place to follow up on patients who were admitted to hospital where there may have been mental health needs. There were three monthly reviews of patients experiencing poor mental health and automatic double appointment slots for them to be seen (an increase from 10 to 20 minutes). A wellbeing team (psychological wellbeing practitioners) provided therapy to patients at the practice once each week. Wellbeing packs providing information and sign-posting to support groups for patients experiencing poor mental health were available at the practice.

Good



# Summary of findings

## What people who use the service say

During our inspection, we spoke with 15 patients, reviewed 43 comment cards left by them and spoke with five representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. Patients told us that the care they received at the practice was very good. They said they felt staff were respectful and friendly. They told us the practice was accessible and they were able to get the appointments they wanted.

The results of the last patient survey completed in February 2014 showed that 97% of the 81 respondents felt the GPs at the practice were good at explaining their condition and treatment in ways they understood. Ninety per cent said they felt fully involved in the decisions made about their care. Overall, 97.9% rated their experience of the practice as good to excellent.

## Areas for improvement

### Action the service **SHOULD** take to improve

Ensure that all staff receive training in the Mental Capacity Act (2005).

## Outstanding practice

The practice had designed its own services and worked in partnership with other agencies to provide support and care to patients who identified as carers. The practice maintained and regularly reviewed a register of patients identifying as carers, organised a local support event for carers and provided a range of information and support for such patients. The practice received a silver award from the Northamptonshire Carers Association on 1 October 2014 for its work in supporting patients identifying as carers. It was the first practice in the county to receive the award.

The practice was responsive to the needs of children in vulnerable circumstances. A local looked after children's home accommodated children from all over the country (from outside of the local area covered by the practice). Despite the children being permanently registered with GP practices elsewhere, a named GP at the practice completed monthly visits there to provide them with medical and psychological reviews and support.

# Drs Thompson, Gower, Kendall and Rookledge

## 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 second CQC inspector and a GP and practice manager acting as specialist advisers.

### Background to Drs Thompson, Gower, Kendall and Rookledge

The Long Buckby Practice provides a range of primary medical services from a purpose built facility at 24 Station Road, Long Buckby, Northamptonshire, NN6 7QB. It is both a dispensing and training practice. The practice serves a population of 5,733. The area served has a lower than average deprivation rate compared to England as a whole. The practice population is predominantly white British with 1.8% of patients from a Black and minority ethnic background. The practice serves a higher than average population between the ages of 45 and 79 and a lower than average population between the ages of 15 and 39. The full clinical staff team includes four GP partners, two trainee GPs, four practice nurses and two phlebotomists (specialised clinical support workers who collect blood from patients for examination). The team is supported by a practice manager, a medical secretary and 15 reception, administration and dispensary staff. A health visitor and midwife also work from the practice.

### Why we carried out this inspection

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

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

This provider had not been inspected before and that was why we included them.

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

### How we carried out this inspection

Before our inspection visit, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection visit on 7 October 2014. During our inspection we spoke with a range of staff including the GP partners, GP trainees, nurses, phlebotomists, the reception and dispensary teams and the practice manager. We spoke with 15 patients and five



# Detailed findings

representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 43 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

# Are services safe?

## Our findings

### Safe Track Record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events. We saw that the relevant guidance was available to all staff.

The practice's weekly partners' meeting was used for senior staff to review and take action on all reported incidents, events and complaints. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of staff meetings and the practice's intranet.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how staff had used the procedure to report incidents and significant events relating to clinical practice and/or staff issues. The minutes of the partners' meetings available at the practice demonstrated that all incidents and near misses were discussed. The meetings included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. An annual significant event analysis was completed by the practice manager. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. We saw recent examples of how the alerts were distributed to staff by email. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles regularly. They were able to give examples of recent alerts relevant to the care they were responsible for.

### Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw

the practice had a safeguarding policy in place and one of the GPs was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff, including GPs, had received safeguarding and child protection training at the level specific to their roles.

A chaperone policy was in place at the practice. Chaperone training was completed by all nursing staff, who understood their responsibilities when acting as chaperones.

### Medicines Management

The risks to patients from the unsafe use and management of medicines were minimised and controlled. A system was in place to order and check all medicines and receive and store vaccinations at the required temperature. The checks included daily monitoring of the temperature at which the vaccines were stored. All of the staff we spoke with were aware of the system in place and how to use it. We checked the medicines and vaccines and found them to be stored securely at the appropriate temperature and within their expiry dates.

All prescriptions were reviewed and signed by a GP before they were given to patients. Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. We observed this process was working in practice. We saw records showing all members of staff involved in the dispensing process had received appropriate training and had regular checks of their competence.

### Cleanliness & Infection Control

Systems were in place to maintain the appropriate standards of cleanliness and protect people from the risks of infection. We saw that the practice appeared clean. Hand wash facilities, including hand sanitiser were available throughout the practice. The records we looked at showed that staff were trained in and had access to a policy on infection control issues. The patients we spoke with, or who completed a comment card for us were positive about the standards of cleanliness at the practice. The practice had a nominated lead for infection control issues. The staff we spoke with were aware of their responsibilities and those of the lead.

## Are services safe?

There were appropriate processes in place for the management of sharps (needles) and clinical waste. An audit of cleanliness and infection control completed at the practice in March 2014 demonstrated that where issues were identified, appropriate action was taken to rectify them. A Legionella risk assessment completed at the practice in May 2014 showed the premises to be low risk. A sample analysis the same month showed no Legionella bacteria were present in the water supply at that time.

### Equipment

Patients were protected from the risk of unsuitable equipment because the practice had procedures in place to ensure the equipment was maintained and fit for purpose. We looked at documentation which showed the practice completed annual checks on its equipment. This included the calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date.

### Staffing & Recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

Records we looked at contained evidence that appropriate recruitment checks were undertaken prior to employment. These included criminal records checks for clinical staff. The practice had recruitment policies in place that set out the standards it followed when recruiting clinical and non-clinical staff.

### Monitoring Safety & Responding to Risk

From our conversations with staff and our review of documentation we found the practice had a system in place to ensure that all staff received safety alerts. The practice manager received and distributed safety alerts to the relevant staff. The practice's weekly partners' meeting was used for senior staff to review and action all reported incidents and events. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of staff meetings and the practice's intranet. An annual significant event analysis was completed by the practice manager. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff.

There was documentary evidence to demonstrate staff at the practice had completed Cardiopulmonary resuscitation (CPR) training. We looked at the emergency medical equipment and drugs available at the practice including oxygen, a defibrillator and adrenaline. All of the equipment and drugs were within their expiry dates and receiving regular checks to ensure this. During our inspection we raised a concern that the practice's system for checking emergency drugs and equipment was not clear. It did not identify what the drugs and equipment were being checked for. Following this, the practice took immediate action to redesign the checking logs used and we saw this made the process easier and clearer for staff to follow.

### Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a business continuity and recovery plan in place. The plan covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff. The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

We saw that the practice had used this information to improve services for patients with asthma. By completing a review of all patients with asthma, the practice identified that those experiencing fewer chronic symptoms were less likely to attend for their annual reviews. In response, the practice provided an online questionnaire and texted all those patients with a request to complete it. Reminders were also placed on the inhaler prescriptions for those patients to attend for their annual reviews.

The practice also completed a search of all Atrial Fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) patients to identify those who were not prescribed anticoagulant and invite them for review. At the time of our inspection, 13 such patients were identified and the majority had attended for a review.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and annual review for their condition.

### Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of clinical audits included those on hormone replacement therapy (HRT) and bowel cancer screening. We saw that an audit on HRT in September 2014 was completed due to inconsistencies in practice being

identified. All 52 patients on HRT were checked and a new template was placed on their records to ensure consistency in approach. A best practice protocol was also developed to ensure clinical staff followed the same process for all patients.

We saw that a clinical audit to identify those patients who had not received bowel cancer screening following their first invitation letter was initiated in April 2014. The audit was completed to ensure best practice was followed in the management of these patients. Following the audit, monthly reports were generated to identify patients between 60 and 75 who had been invited to participate in the screening but had not yet completed it. At the time of our inspection, 107 such patients were identified and all had been sent a reminder. However, only 12 patients had responded to the reminder, nine of which were refusals.

### Effective staffing

Systems were in place to ensure that people received care from appropriately qualified staff. The staff we spoke with said they could recall completing a series of recruitment checks including criminal records checks, references from previous employers and checks on their professional registration. The staff files we looked at confirmed what staff had told us. Criminal records checks were available for clinical staff and a risk assessment was completed as to whether non-clinical staff required it. Where applicable, the professional registrations and revalidations of staff at the service were up-to-date.

The practice had systems in place to ensure that its staff remained competent and effective in their roles. From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Staff referred to the induction process as thorough.

There were systems in place to ensure patients received care from competent and effective staff. All of the staff we spoke with said they received an annual appraisal of their performance and competencies. We looked at some examples of these and saw that there was also an opportunity for staff to discuss any training requirements. Staff told us that the training provision at the practice was good and they accessed much of their training during protected learning time. The various certificates we looked

# Are services effective?

## (for example, treatment is effective)

at demonstrated staff had access to a wide range of training, especially relating to clinical skills. The resulting clinical competence and professional development of staff promoted improved patient care.

The practice had arrangements in place for the supervision and mentoring of GP trainees. From the practice schedules and our conversations with the trainees and GP partners at the practice, we saw that sufficient time was allocated to the one-to-one supervision of the trainees. The mentoring was led by a GP partner. All hospital referrals made by the trainee GPs were reviewed and monitored by the GP partners.

### Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient pathology results and radiology reports to be received electronically and allocated to the GPs. The process included a system of alerts for patients who required a follow up. All the staff we spoke with understood how the system was used. A system was also in place for all patients over 75 to have their hospital discharge letters reviewed by a practice nurse. Home visits would be arranged for those patients requiring post discharge follow up.

The practice held multi-disciplinary team meetings every six weeks to discuss the needs of complex patients. This included those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, health visitors and the community mental health team among others. We saw that the issues discussed and actions agreed for each patient were documented. Also, all clinicians at the practice met daily at 11am for more frequent, smaller scale discussions. There were additional weekly multi-disciplinary meetings attended by the district nurses and GP partners. The staff we spoke with felt the system worked well and remarked on the usefulness of such forums as a means of sharing important information.

### Information Sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose

and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record (SystmOne) was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

From our conversations with staff and our review of training documentation we saw that staff at the practice had not received Mental Capacity Act (MCA) training. Despite this, patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. MCA guidance was available on the practice intranet. The staff we spoke with demonstrated an understanding of the MCA and its implications for patients at the practice. Staff were also aware of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge). The staff we spoke with gave examples of its use in the practice.

### Health Promotion & Prevention

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases) and there was a nominated GP lead for each of these. There were nurse led clinics on diet and exercise, smoking cessation and chlamydia screening. Chlamydia screening packs, including contraception were also available for patients to take away.

The practice maintained a register of all patients with learning disabilities and all 18 were offered an annual health check in 2014.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area. This included information on dementia and a practice

## Are services effective?

(for example, treatment is effective)

newsletter with the schedule for flu vaccination clinics. We also saw current displays and a record of old displays on lymphoma, mental health, ovarian cancer and keeping warm in winter among others.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those

aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. The childhood immunisation programme had reached an average 95.5% take up rate after six months (the second quarter) of the year.

We saw that all nurses and two GPs at the practice were qualified to carry out cervical screening and a system of alerts and recalls was in place to provide smear tests to women aged 25 years and older.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

During our inspection we saw that staff behaviours were polite and professional. We saw examples of patients receiving respectful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas.

We spoke with 15 patients on the day of our inspection, all of whom were positive about staff behaviours and the excellent service they received. A total of 43 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Screens were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

### Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. All of the 15 patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments

left for us by 43 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive.

The results of the General Practice Assessment Questionnaire for 2013/2014 showed that 97% of the 81 respondents felt the GPs at the practice were good at explaining their condition and treatment in ways they understood. Ninety per cent said they felt fully involved in the decisions made about their care.

### Patient/carer support to cope emotionally with care and treatment

We saw that a process was in place at the practice for recently bereaved patients to be highlighted on the electronic patient records system. The staff we spoke with told us the GPs would complete home visits for bereaved patients and such patients were discussed at the weekly partners' meeting.

Patients in a carer role were identified where possible at the point of new patient registration. From our conversations with staff and our review of documentation we saw the practice maintained a register of patients who identified as carers. Monthly checks were completed on the register to ensure it was accurate and up-to-date at all times.

We saw the practice had received a silver award from the Northamptonshire Carers Association on 1 October 2014 for its work in supporting patients who self-identified as carers. It was the first practice in the county to receive the award. The practice had organised a carers' event at the local community centre. Representatives of organisations such as Age Concern and the Alzheimer's Society had attended. Held on 9 June 2014, the event was an opportunity for carers to receive relevant information and advice and to discuss their support needs with the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a specialised care plan and multi-disciplinary team monitoring. There was also a palliative care register at the practice with regular multi-disciplinary meetings to discuss patients and their families' care and support needs.

There was a dedicated practice nurse for patients over 75. The nurse completed home visits for those patients, including providing the flu immunisation. All of those patients had a named GP.

A named GP at the practice completed monthly visits to a local looked after children's home. During those visits the children were provided with medical and psychological reviews and support.

The practice operated a vulnerable patients register. As part of the Quality Outcomes Framework (QOF) requirement to monitor depression, patients on the register received a review every three months. The practice's multi-disciplinary meetings were used to review all hospital admissions for those with suicidal tendencies and there was an automatic double appointment slot (an increase from 10 to 20 minutes) for patients on the register.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the PPG. This included providing a 10% increase in the availability of online appointments (appointments that could be booked through the practice's website). The practice had also redeveloped its website to be more user friendly based on the recommendations of the PPG.

### Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. We saw that students returning to the local area from university were seen at the practice as temporary residents. Through the sharing of electronic patient records, staff at the practice were able to access the records for those student patients held elsewhere in the country. The local area was also known for a small boating community. Patients from that community were also able to access services at the practice on a temporary resident basis.

From our review of documentation we saw that all but one of the staff at the practice had completed equality and diversity training. We saw the premises and services were adapted to meet the needs of people with disabilities. A hearing loop was available at reception for those who may benefit from it. We saw that all of the clinical services were provided on the ground floor and the practice was accessible through wide automatic doors. Wheelchairs were provided by the practice for those who needed them, including on a loan basis. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

### Access to the service

The practice was accessible to patients because it responded to the varying requirements and preferences of its patient population. On the day of our inspection we checked the appointment system and found the next bookable appointment to see a GP was available on the same day. The next nurse appointment was available the following day. We saw that the appointments system was structured to ensure that urgent cases could be seen on the same day and the GPs and nurses were able to complete home visits.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. Patients were able to make their repeat prescription requests in person or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.



# Are services responsive to people's needs?

(for example, to feedback?)

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

As well as being open from 8.30am to 6.30pm Monday to Friday, the practice had extended opening for bookable appointments from 8.30am to midday every other Saturday. This allowed access to services for those who found attending in working hours difficult.

During our inspection, we spoke with 15 patients and read the comments left for us by 43 patients. They said they were satisfied with the appointments system and had no problems getting the appointments they wanted. They told us the appointments system had improved over the past year.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. A leaflet informing patients of how to complain about the service was available in the waiting area. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with 15 patients. They were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints received in the past 12 months. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure.

# 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

From speaking with staff and our review of documentation, we found the practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice vision and values were detailed in a patient charter which stated the practice aims of delivering care to achieve the best possible outcomes, whilst maintaining patient privacy and dignity.

Four practice meetings each year requiring all staff attendance and an annual away day in July 2014 were used to involve all staff in developing the strategy and direction of the practice. Staff told us this made them feel valued and supported and provided them with the opportunity to discuss relevant issues such as the local village expansion. They said they were able to set the agenda for the four all staff meetings each year. At the annual away day the practice manager reviewed the service's performance and the GP partners set out the strategy for the year ahead.

### Governance Arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners worked as the overall decision making collective supported by the practice manager. All staff both contributed to and learned from practice processes and issues from clinical and practice staff meetings and events.

The practice had a comprehensive system of policies and procedures in place to govern activity and these were available to all staff through the intranet. All of the policies and procedures we looked at during our inspection were regularly reviewed and up to date. However, the review dates for some of the dispensary standard operating procedures were not always clear.

The practice had arrangements for identifying, recording and managing risks. The practice's weekly partners' meeting was used for senior staff to review and take action on all reported incidents, events and complaints. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of staff meetings and the practice's intranet.

The practice had a system in place for reporting, recording and monitoring significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. The minutes of the partners' meetings available at the practice demonstrated that all incidents and near misses were discussed. The meetings included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. An annual significant event analysis was completed by the practice manager. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff.

### Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, patients experiencing mental health issues and those with cancer. There were nurse leads for such things as infection control, patients with diabetes and the care management of patients over 75. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were. The staff we spoke with were clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings. At the four practice meetings each year requiring all staff attendance, staff were able to set the agenda.

### Practice seeks and acts on feedback from users, public and staff

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a patient participation group (PPG) of seven members that met every three months. The PPG is a group of patients who work with the practice to discuss and develop the services provided. There was also an online virtual patient participation group (vPPG) of 80 members. The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. Between

# Are services well-led?

Good 

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

them, the groups' membership represented every adult age category. We saw that through meetings or emails the groups were able to feedback their views on a range of practice issues. We spoke with five members of the PPG. They all spoke of the valuable work the group was doing and of their good working relationships with practice staff.

The work of the PPG was described in an annual report. This was accompanied by a plan of improvements the group would work towards achieving. We saw that the group's recent achievements included their participation in the operation of the flu immunisation clinics and the carers' event held at a local community centre. This enabled the patient members to offer support and guidance to other patients at the practice. The report also detailed the group's aims for 2014/2015. These included the introduction of a practice newsletter and an increase in the availability of online appointments by 10%. We saw these things were happening during our inspection.

The practice had distributed a patient survey for two weeks in February 2014 and responses were received from 81 patients. The results showed that 97.9% rated their experience of the practice as good to excellent.

The staff we spoke with said the results of the patient survey, patient complaints and other patient feedback were discussed in their meetings so they were clear on what patients thought about their care and treatment. They said the practice away day and their regular meetings were opportunities for them to share their views on the practice.

## Management lead through learning & improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. The staff files we looked at demonstrated that regular appraisals took place which included a personal development plan. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively.