

The Meadows Surgery

Quality Report

Meadow Lane
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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 responsive to people's needs?

Good



Are services well-led?

Good



Key findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Meadows Surgery on 25 July 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for The Meadows Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in the regulation that we identified in our previous inspection on 25 July 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The provider had resolved the concerns for responsive and well-led services identified at our inspection on 25 July 2017 which applied to everyone using this practice, including the population groups. The population group ratings have been updated to reflect this. Overall the practice is now rated as good.

Our key findings were as follows:

- The process to assess, monitor and improve the quality and safety of the services being provided, in particular the meeting structures that supported the governance framework including terms of reference, frequency and appropriateness of notes/minutes were now implemented and formalised.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- A review of the immunisation status of clinical and non-clinical staff had been completed. A documented process was evident which ensured eligible staff were protected against transmissible diseases.
- The practice had strengthened the way they identified and supported carers and was working towards the bronze award for investors in carers GP surgery accreditation which recognised excellence in identifying and supporting carers.
- A system to record verbal complaints had been introduced in the revised complaints procedure so the practice was able to record and review all sources of complaints, respond appropriately and learn from complaints.
- The practice had monitored patient feedback especially in relation to access to appointments. A practice commissioned patient satisfaction survey showed increased levels of satisfaction.

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

In addition the provider should:

Summary of findings

- Continue to monitor patient satisfaction in relation to access to appointments paying particular attention to matching capacity of clinical staff available to patient demands.
- Continue to make patients aware of the different ways appointments could be made, for example online.
- Continue to monitor the effectiveness of the meeting structures that supported the governance framework including making available protected time for staff to attend meetings, and ways of communicating important changes and developments between scheduled meetings.
- Complete the review of practice management and ensure practice staff are kept informed of any changed arrangements both interim and permanent.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

The Meadows Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector completed the inspection.

Background to The Meadows Surgery

The Meadows Surgery situated at Meadow Lane, Thrapston, Kettering, Northamptonshire is a GP practice which provides primary medical care for approximately 5,000 patients living in Thrapston and the surrounding areas.

The Meadows Surgery provide primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian and Eastern European origin.

The practice has two partners, consisting of one male GP and a female Registered Manager. There is a female salaried GP as well as one long term female locum GP. There are two advanced nurse practitioners and two practice nurses. The nursing team is supported by a health care assistant. There is a practice manager who is supported by a deputy and a team of administrative and reception staff. The practice is in the process of reviewing practice management and expects to finalise arrangements in due course. Interim arrangements are in place during the review period. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates out of a purpose built building. Patient care is provided on the ground floor. There is step free access to the main entrance with sensor controlled automatic doors. There is a car park with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. The practice offers extended opening on Monday until 7.30pm and on Tuesday from 7am. There are a variety of access routes including telephone consultations, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Integrated Care 24 Limited via the 111.

Why we carried out this inspection

We undertook a comprehensive inspection of The Meadows Surgery on 25 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for The Meadows Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Meadows Surgery on 21 March 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 25 July 2017, we rated the practice as requires improvement for providing responsive services as:

- The results of the 2017 national GP patient survey had reported patient dissatisfaction with access to appointments.
- While staff responded to verbal complaints the practice had not kept a written record of such complaints received.

These arrangements had significantly improved when we undertook a follow up inspection on 21 March 2018. The practice is now rated as good for providing responsive services.

Timely access to the service

During our previous inspection on 25 July 2017 the practice had introduced a number of measures to improve patient access to services changes to the appointment system including the introduction of nurse practitioner led consultations where appropriate. However at that time the effectiveness of the measures implemented had not been evaluated.

During this inspection on 21 March 2018 we found that the practice had commissioned a local patient satisfaction survey in January 2018. One hundred questionnaires were given out to patients attending the practice. Seventy five were returned. The results showed improved satisfaction on access to services.

- Two (1%) of 23 respondents who had made their appointments by telephone were dissatisfied with the waiting time to answer their call.

- 93% of respondents (70 of 75) noted that the time and date of their appointment was convenient.
- 97% of the respondents (73 of 75) positively rated their experience with the reception staff.
- 97% (73 of 75) had expressed their satisfaction with the opening times of the practice.

We spoke with four patients. They all told us that they were able to get an appointment when needed and that the reception staff had been helpful and courteous in assisting them.

In partnership with 3SixtyCare, a federation of 28 GP practices in Kettering Corby Wellingborough and Northamptonshire Healthcare NHS Foundation Trust the practice was exploring the possibility of extended opening during evenings and at weekends across the locality on a rotation basis.

The registered manager told us that the Care Navigation project which allowed the practice team to offer and direct patients to a clinician that was best placed to manage their clinical problem, for example a nurse practitioner instead of a GP, was now operational. This allowed them to free up time for GPs to care for patients with complex or serious health conditions.

Listening and learning from concerns and complaints

Following our previous inspection on 25 July 2017 the practice had introduced a system for recording verbal complaints and concerns. We noted a diary was kept at reception to record verbal complaints and concerns. There was a process whereby the registered manager reviewed these and followed through and documented them in line with the recently revised complaints procedure.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 25 July 2017, we rated the practice as requires improvement for providing well led services as:

- Systems and processes to ensure good governance in accordance with the fundamental standards of care, for example frameworks to support effective communication for both internal and external colleagues were not evident.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 21 March 2018. The practice is now rated as good for being well-led.

Governance arrangements

Following our previous inspection on 25 July 2017 the practice had introduced a framework to support effective communication for both internal and external colleagues.

There was a schedule of clinical, multidisciplinary, practice staff, partner and managers meetings. We reviewed a sample of these minutes and saw that these meetings had facilitated appropriate communication with agreements to implement any actions as needed.

We spoke with the two partners and two other staff. They told us that the meeting structures had been very helpful and had encouraged dialogue on issues affecting the practice including clinical issues. While day to day clinical supervision and support was available to the nurse practitioners and practice nurses, they told us that they would welcome communication in-between the current monthly intervals. This would aid a dialogue with the appropriate lead GPs/clinicians on current and new clinical guidelines and any related patient specific clinical issues.

The registered manager told us that they would review the meeting schedule taking account of any feedback received. They also told us that they were in the process of reviewing practice management and hoped to finalise arrangements in due course. They told us interim arrangements were in place during the review period.