

# Favell Plus Surgery

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Favell Plus Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Favell Plus Surgery (previously known as Dr Abbas & Takla) on 27 January 2016. Overall the rating for the practice was requires improvement; specifically it was requires improvement for safe, effective, caring, responsive and well-led.

This inspection was an announced comprehensive inspection on 22 June 2017; overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice had clearly embedded systems and processes which promoted learning from events and clear communication with all staff members.

- The practice had systems and processes in place to minimise risks to patient safety in most areas. However, there was no system in place to demonstrate what action had been taken to manage safety alerts.
- The practice had an effective system in place to ensure patients received the required checks before being prescribed certain medicines.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient comments highlighted that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management and the practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was not active.
- Not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- The provider was aware of the requirements of the duty of candour. The examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

- Ensure systems and processes are in place for the effective management of patient safety alerts.

The areas where the provider should make improvements are:

- Ensure fire drills are carried out on a regular basis.
- Implement a system to ensure nursing staff receive formalised supervision and clinical input at annual appraisal.
- Increase membership to the patient participation group and engage with and seek feedback from patients and members.
- Ensure steps are taken to improve areas that are below average in the national GP patient survey results.
- Continue to identify and support Carers.
- Record and analyse verbal complaints.

**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 requires improvement for providing safe services.

**Requires improvement**



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology.
- The practice had some systems, processes and practices to minimise risks to patient safety.
- From the sample we reviewed, we found the practice received and acted on patient safety alerts. However, the practice did not carry out searches on their clinical system and there was no system in place to show what actions had been taken to address all safety alerts relevant to general practice.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, the practice did not undertake fire drills on a regular basis.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the latest Quality and Outcomes Framework (QOF) 2015/2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However provision of clinical supervision and

# Summary of findings

support for nursing staff was informal. Despite this, we found staff at the practice were competent in their roles and had access to and completed the training they needed to undertake their roles effectively.

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the latest national GP patient survey results published in July 2017 showed patients rated the practice the same as others for some aspects of care.
- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours.
- Staff maintained patient and information confidentiality and patients commented to us on being treated with kindness and respect. We saw evidence to confirm this.
- The practice offered flexible appointment times based on individual needs.
- Information for patients about the services available was easy to understand and accessible in different languages and formats.
- The practice held a register of carers with 69 carers identified which was approximately 0.8% of the practice list. The practice displayed information on a carers' notice board.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had a system in place for handling complaints and concerns. Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice did not record verbal complaints.
- Practice staff reviewed the needs of its local population and engaged with NHS England and Nene Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice worked closely with a local caravan community and provided pro-active care and access to these patients.

Good



# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- Staff felt supported by management and the practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However despite there being an open door culture at the practice, we found the nursing team did not always receive formalised periods of supervision and clinical input at annual appraisal.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. However, the patient participation group was not active.
- There was a focus on continuous learning and improvement at all levels.

## Requires improvement



# 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 requires improvement for safe, caring and well-led. The issues identified as requiring improvement affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of their life.
- GPs involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice provided an annual review for patients aged over 75 years and had reviewed 95% of this population group within the previous 12 months.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement affected all patients including this population group.

- The nurse practitioner had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the local CCG and national average. The practice had achieved 94% of the total number of points available, compared to the local average of 92% and national average of 91%.
- 80% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local and national average of 76%.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

- All patients with a long-term condition had a named GP and there was a system to recall patients for 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.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

## Families, children and young people

The practice is rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the local CCG and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a range of family planning services. The practice worked with midwives, health visitors and school nurses in the provision of ante-natal, post-natal and child health surveillance clinics.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

**Requires improvement**



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

The practice is rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement affected all patients including this population group.

- 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.

**Requires improvement**





# Summary of findings

- The practice carried out routine NHS health checks for patients aged 40 to 74 years.
- The practice was proactive in offering online services such as appointment booking and repeat prescriptions and an appointment reminder text messaging service, as well as information about a full range of health promotion and screening that reflects the needs of this age group.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 65 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and 46 (71%) had accepted and received a health review in the past 12 months.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Vulnerable patients had been told how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of carers with 69 carers identified which was approximately 1% of the practice list. The practice displayed information on a carers' notice board.

**Requires improvement**



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

The practice is rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.

**Requires improvement**



# Summary of findings

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was comparable to the local average of 87% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The local Community Psychiatric Nurse held a clinical at the practice on a weekly basis.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We looked at the most recent National GP Patient Survey results published in July 2017. Overall, the results showed the practice was performing below local and national averages. There were 341 survey forms distributed and 100 were returned. This represented a 29% response rate and approximately 1% of the practice's patient list.

- 85% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%.
- 78% of patients described the overall experience of this GP practice as good compared to the local average of 84% and national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 78% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards. All of the comment cards

we received were positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as very caring, friendly and comprehensive.

During the inspection we spoke with seven patients and one member of the Patient Participation Group (PPG). Patients told us that they were very satisfied with the services provided and described the practice as clean and well organised. Patients told us that they felt listened to and cared for and described staff members as professional and committed towards providing a caring and friendly service.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. The practice had received 8 responses to the FFT between January 2017 and May 2017. The results showed all eight people who responded were either extremely likely or likely to recommend the service.

## Areas for improvement

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure systems and processes are in place for the effective management of patient safety alerts.

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

- Ensure fire drills are carried out on a regular basis.

- Implement a system to ensure nursing staff receive formalised supervision and clinical input at annual appraisal.
- Increase membership to the patient participation group and engage with and seek feedback from patients and members.
- Ensure steps are taken to improve areas that are below average in the national GP patient survey results.
- Continue to identify and support Carers.
- Record and analyse verbal complaints.

# Favell Plus Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser, a practice manager specialist adviser, a CQC Inspection Manager and an Expert by Experience.

## Background to Favell Plus Surgery

Favell Plus Surgery provides primary medical services, including minor surgery, to approximately 8,390 patients in Weston Favell and the surrounding areas of East Northampton. Services are provided on a Personal Medical Services (PMS) contract (a nationally agreed contract).

The practice serves a higher than average population of those aged between 0 to 19 years and 30 to 39 years. The practice serves a lower than average population of those aged 45 years and over. The practice population is predominantly white British, with approximately 19% of patients from black, eastern European and Asian ethnic groups. Data from the 2011 Census shows the area served is more deprived compared to England as a whole.

The practice is based within Weston Favel Health Centre which is shared with two other GP practices and accommodates several community facilities such as phlebotomy, x-ray, dental services, health visitors and midwives. The GP and nurse consulting rooms are all situated on the ground floor. The patient list size has increased by approximately 2,000 patients since April 2017 following the closure of a practice based within the Health Centre.

The practice team consists of two GP Partners; both of which are male. The practice has two female GP locums who provide weekly sessions. There is one nurse practitioner, who is qualified to prescribe certain medicines. The practice has two practice nurses, a practice manager and a business and finance manager. The reception and administration team consists of seven staff members.

The practice is open to patients between 8am and 6:30pm Mondays to Fridays. Appointments with a GP are available from approximately 8am to 10.30am and from 1pm to 3.30pm or from 3pm to 6pm daily. Additional appointments with a GP or the nurse practitioner are available during extended opening hours between 7.30am and 8am on a daily basis. Emergency appointments are available daily. A telephone consultation service is also available for those who need urgent advice.

When the practice is closed services are provided via the 111 service. Information about this is available in the practice, on the practice website and on the practice telephone line.

## Why we carried out this inspection

We undertook a comprehensive inspection of Favell Plus Surgery on 27 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for safe, effective, caring, responsive and well-led.

We undertook a further announced comprehensive inspection of Favell Plus Surgery on 22 June 2017. The inspection was planned to check whether the provider is

# Detailed findings

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, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS Nene Clinical Commissioning Group (CCG) and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 22 June 2017. During our inspection we:

- Spoke with the two GP partners, the nurse practitioner and two practice nurses, the practice manager and three members of the reception and administration team.
- Spoke with seven patients, reviewed patient records and observed how staff interacted with patients.
- Reviewed 27 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with a member of the Patient Participation Group (PPG). (This is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

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

At our inspection in January 2016 we rated the practice as requires improvement for providing safe services as the arrangements in respect of investigating significant events and safety alerts were informal. Recruitment checks, the cold chain process, infection control procedures and monitoring of patients taking high risk medicines required strengthening. Some staff members had not completed safeguarding training and the practice had not implemented a system for identifying adults and children at risk of harm.

These arrangements had improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing safe services.

### 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 on the practice's computer system. The incident form 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 reviewed safety records, incident reports and minutes of meetings where significant events were discussed.
- The practice had recorded seven significant events between January and December 2016. Information and learning would be circulated to staff and the practice carried out an analysis of the significant events over time to identify trends and themes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice shared information with their locality board following an issue they had experienced when referring a patient to secondary care services.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed with the GPs and relevant staff during a practice meeting which took place on a monthly basis. We saw evidence to confirm this.

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency (MHRA) alerts and patient safety alerts. The GPs received safety alerts and we checked two historical safety alerts and found that the practice had completed the required searches and taken the appropriate action. However, the practice's approach towards managing safety alerts was informal and there was no system in place to evidence what actions had been taken to address safety alerts relevant to general practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding adults and children. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had all received training relevant to their role. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level three) and adults.
- The practice had implemented a coding system which enabled the practice to easily identify vulnerable children and adults on their records.
- The practice displayed notices in the waiting area and treatment and consulting rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and a Disclosure and Barring check (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

## Are services safe?

who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- The senior GP was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and all staff had received up to date training. The latest IPC audit was undertaken in March 2017 and audits were scheduled to be undertaken on a regular basis. We saw evidence to confirm that these audits were comprehensive and action had been taken to address any improvements identified as a result.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and logs were completed. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a weekly basis.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, 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 to monitor their use.
- The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for

specific clinical conditions. They received mentorship and support from the GPs for this extended role. However, clinical supervision and support for nursing staff was informal.

- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- A health and safety risk assessment had been completed in March 2017 as part of an overarching risk assessment of the premises. At the time of inspection, the practice did not have a health and safety poster displayed in the practice. However, the practice took immediate action. The practice had up to date fire risk assessments. Fire alarms were tested weekly however the practice had no record of a previous fire drill at the practice. The practice told us that they had raised this with the premise owners and explained that it was difficult for them to carry out a fire drill due to the shared care arrangements within the shared premises. Shortly after the inspection, the practice told us that a fire drill had taken place in October 2016 and a further fire drill was undertaken on 7 July 2017. Fire equipment was checked on a regular basis.
- All electrical equipment was checked in January 2017 to ensure the equipment was safe to use and clinical equipment was checked in January 2017 to ensure it was working properly.
- A Control of Substances Hazardous to Health (COSHH) risk assessment and had a variety of other risk assessments were in place for areas including premises, security, infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice completed water temperature checks on a regular basis.



## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There were individual team rotas in place to ensure that enough staff members were on duty. The practice had systems in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences. The practice used locum GPs and would complete the necessary recruitment checks on those individuals.

### **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 which alerted staff to any emergency.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

At our inspection in January 2016 we rated the practice as requires improvement for providing effective services as the arrangements in relation to the review of patients taking some medicines which required close monitoring needed strengthening.

These arrangements had improved when we undertook a follow up inspection on 22 June 2016. The practice is now rated as good for providing effective services.

### 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) evidence based guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice engaged with the local Nene Clinical Commissioning Group (CCG) and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on prescribing rates explained how this information was used to plan care in order to meet identified needs.

### 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 recently published results showed the practice achieved 99.5% of the total number of points available which was comparable with the local average of 98% and national average of 95%. Data from 2015/2016 showed;

- 91% of patients aged 45 years or over had a record of blood pressure in the preceding five years which was the same as the local CCG and national average of average of 91%.
- 80% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local and national average of 76%. Exception reporting was below the local and national averages. (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).
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was comparable to the local average of 87% and national average of 84%. Exception reporting was above the local and national averages. We checked the exception reporting process and found the practice had a systematic approach. The total number of patients exception reported was low.
- 95% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken in 2015/2016 which was comparable to the local average of 91% and national average of 90%. Exception reporting was below local and national averages.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in 2015/2016 which was comparable to the local average of 91% and national average of 89%. Exception reporting was below local and national averages.
- 80% of patients with diabetes, in whom the last IFCC HbA1c was 64 mmol/mol or less in 2015/2016 which was comparable to the local average of 81% and national average of 78%. Exception reporting was below local and national averages.
- We checked the patient recall process and found the practice had an effective system in place. GPs led on reviews for patients with long term conditions and the practice used a text messaging service to increase patient attendance to reviews. We checked the clinical system and found the processes in place for the management of patients receiving medicines which required monitoring was effective.

# Are services effective?

## (for example, treatment is effective)

The practice had a system of clinical audits which demonstrated quality improvement.

- There had been three completed clinical audits undertaken in the last two years, where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, one of these audits had been carried out to assess the management of patients receiving methotrexate (commonly prescribed for rheumatoid arthritis). This audit was carried out in March 2016 and had identified where improvements could be made. The practice followed an action plan and repeated the audit in March 2017. The results showed the practice had improved their performance by over 60%.
- The practice participated in local audits and national benchmarking.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding children and adults, equality and diversity, information governance, basic life support, infection control, mental capacity and consent, health and safety and fire safety.
- 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. Staff taking blood samples, administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, attendance to educational sessions and workshops.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All of the staff received an appraisal on an annual basis. However, appraisals for nursing staff were undertaken by non-clinical staff.

- The systems in place for identifying the learning needs of nursing staff and providing clinical supervision were informal. Despite the informal approach, we found staff at the practice were competent in their roles and had access to and completed the training they needed to undertake their roles effectively.
- Staff had access to essential training which was provided through online learning, internal and external training sessions, conferences and CCG led training days, which took place on a monthly basis.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. System training was included in the induction process and all the staff we spoke with were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- 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. Information was shared between services, with patients' consent, using a shared care record. 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. We saw evidence to confirm this.

# Are services effective?

## (for example, treatment is effective)

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice held monthly meetings with health visitors to support and manage vulnerable children and families.

### 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation, travellers and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- The practice referred patients to a dietician through a local public health team and also used this referral scheme for patients requiring smoking cessation advice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the local CCG and national average of 81%. Exception reporting was 5% which was comparable with the local CCG and national average of 7%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using

information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Bowel and breast cancer screening rates were comparable and below local and national averages. Data from 2015/2016 showed that;

- 49% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- 71% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 77% locally and 73% nationally.

However, these were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were above or comparable to local and national averages with the exception of one indicator which was below the national average. We checked the one indicator below the national average and found the practice had a comprehensive system in place to encourage uptake rates. Overall, the practice had achieved a score of 9.1 out of 10 which was the same as the national average score of 9.1. Childhood immunisation rates for the measles, mumps and rubella (MMR) vaccinations given to five year olds ranged from 97% to 98% which was comparable to the CCG average of 95% to 97% and above the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. New patients had their needs assessed upon registering. The practice offered NHS health checks for people aged 40 to 74 years and had completed 264 within the last 12 months. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our inspection in January 2016 we rated the practice as requires improvement for providing caring services as there was no evidence to suggest the practice had addressed the lower than average national patient survey results.

These arrangements had improved when we undertook a follow up inspection on 22 June 2016. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had an electronic check-in kiosk available which promoted patient confidentiality.
- Patients could be treated by a clinician of the same sex. However, during our inspection some patients told us that they did not know that a female GP was available. Shortly after the inspection the practice told us that they would be doing more to promote this to patients.

All of the 27 patient Care Quality Commission comment cards we received patients were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients including one member of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed the practice was comparable with local and national averages for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 86% and the national average 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 72% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 89% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice told us that they had reviewed the national patient survey results and discussed the results with the GPs and nurses. The practice had recruited an additional practice nurse and GPs and undertook a local patient survey in May 2017. The practice had not analysed or discussed the results from this local survey.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

## Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The most recent results from the national GP patient survey published in July 2017 showed the practice was below and in line with local and national averages for patient questions about their involvement in planning and making decisions about their care and treatment. For example:

- 66% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 60% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation 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.

- Patients were also told about multi-lingual staff who could offer support.
- Information leaflets were available in easy read format and different languages.
- The electronic check-in kiosk was accessible in a number of different languages.

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

- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 69 carers identified which was approximately 0.8% of the practice list. At the time of inspection, the practice did not have a nominated carers lead in place (a Carers' champion works with identified carers to provide advice and support). The practice displayed information on a carers' notice board and told us that they had plans to hold a carers information session at the practice in July 2017.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our inspection in January 2016 we rated the practice as requires improvement for providing responsive services as there was little formal evidence to demonstrate learning had taken place as a result of complaints.

These arrangements had improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with NHS England and the local CCG to provide services to new patients following the closure of a practice which was based in the premises. The practice was in the process of extending their premises to meet the increase.

- The practice was proactive in offering online services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice worked closely with a local caravan community and provided pro-active care and access to these patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccination centre.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) service and encouraged patients to self-refer.

- The local Community Psychiatric Nurse held a clinical at the practice on a weekly basis.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- There were 65 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and 46 (71%) had accepted and received a health review in the past 12 months.
- Same day appointments were available for children and those with serious medical conditions.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- There were accessible facilities and interpretation services available.
- The practice had multi-lingual staff across all staff teams who were able to communicate effectively with the diverse patient population.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP are available from approximately 8am to 10.30am and from 1pm to 3.30pm or from 3pm to 6pm daily. Extended hours appointments were offered between 7.30am and 8am on a daily basis. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

Latest results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable with and above local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients said they could get through easily to the surgery by phone compared to the CCG average 71% and national average of 73%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 74% and the national average of 76%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 77% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 66% and national average of 67%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice did this by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling written complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information on how to complain was easily available to patients.

We looked at two complaints received since January 2017 and found both of these had been dealt with in a timely way. The practice had taken steps to ensure patient complaints, including the learning from complaints was shared with all relevant staff. Apologies were offered to patients, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had introduced a second reception desk to improve patient access and reduce queuing.

The practice shared their complaints data with NHS England. The practice analysed complaints over time to identify key themes and trends and had taken action as a result. However, the practice did not record or analyse verbal complaints.

# Are services well-led?

Requires improvement 

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

## Our findings

At our inspection in January 2016 we rated the practice as requires improvement for providing well-led services as systems were not in place to address certain risks regarding high risk medicines and evidence of sharing and learning from significant events was not clear.

These arrangements had improved when we undertook a follow up inspection on 22 June 2017. However, arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions required improvement in some areas.

The practice is rated as requires improvement for providing well-led services.

### Vision and strategy

The practice had a clear statement of purpose which was to provide exceptional patient care and to be responsive to patient needs. The practice aims and values were included in their practice charter. The practice had a clear strategy and objectives to meet the needs of their patient population.

### Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in a number of areas such as learning disabilities, safeguarding, infection control and clinical governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, during our inspection we

found some of these arrangements could be improved. Specifically, whilst the practice had a system in place to receive and disseminate patient safety alerts, they did not complete searches to identify patients who may be affected as a result of the safety alert. At the time of inspection, the practice was unable to demonstrate that they had carried out fire drills on a regular basis.

### Leadership and culture

The GP partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was 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 practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of correspondence with patients.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs met with health visitors on a monthly basis to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Minutes were comprehensive and were available for practice staff to view.
- 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. An informal system was in place to supervise and support the nursing team; the nursing team also received annual appraisals, however there was no clinical input to these reviews.



# Are services well-led?

Requires improvement 

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

- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- However, national GP patients survey results remained below average in some areas and the practice did not record or analyse verbal complaints.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the Friends and Family Test (FFT), comments and complaints received, feedback submitted online and through engagement with a member of the Patient Participation Group (PPG). The practice displayed a patient feedback box and comment slips in the reception area for patients to give feedback. Since the inspection, the practice has recruited six new members to the PPG and meetings had been arranged.
- The practice had attempted to develop their PPG however recruitment and engagement was limited. The practice had one active PPG member who engaged with patients on a regular basis to obtain patient feedback which was shared with the practice on an informal basis.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. The practice had made improvements to the way they organised child immunisation sessions and had made changes to the way they processed prescriptions.

## Continuous improvement

The practice team was forward thinking. The practice participated in a locality wide initiative which was looking at ways to improve patient care pathways and centralise services in order to improve patient access to services within the local area.

The practice had plans to provide a physiotherapy service and has submitted a proposal for this. The practice had accepted a request to register new patients and their patient list size had increased by approximately 2,000 patients since April 2017. The practice had recruited additional clinical staff members to meet the increased demand.

The practice was a member of a local GP Federation and staff attended regular meetings with the local CCG, the nurse practitioner attended the local nurse forum and senior staff attended regular meetings and educational sessions with peers.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <p>We found the systems and processes in place to manage patient safety alerts was not effective.</p>