

# Queensway Medical Centre

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queensway Medical Centre on 1 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice participated in local audits, national benchmarking, GP revalidation audits, peer review and research. However we found that the findings of these audits were not held centrally to gain an overview.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they could make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Lower patient satisfaction levels were reported with the reception as well as telephone access to the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Develop a coordinated approach to clinical audit.

# Summary of findings

- Continue to seek and support patients who are also carers.
- Continue with the plans to monitor and ensure improvement to patient experience, including access to appointments and reception staff.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice participated in local audits, national benchmarking, GP revalidation audits, peer review and research. However we found that the findings of these audits were not held centrally to gain an overview.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice is situated in an area which is ranked highly on the deprivation indices. The practice was aware of the need to engage with the population in specific health promotion activities related to lifestyle including smoking and the associated respiratory issues, alcohol and substance addiction.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice below than others for some aspects of care for example the practice opening times and getting through to the practice by telephone.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Nene Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was working collaboratively with other local practices to establish a paediatric urgent care centre.
- Patients said they could get an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision to provide high quality healthcare for the local population through a range of modern services, delivered by a highly skilled professional team including doctors, nurse practitioners, treatment room nurses, health care assistants, midwives, managers and administrative staff.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- Patients aged 75 years and older had a named GP.
- The practice was responsive to the needs of older people. The Advanced Nurse Practitioner offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The GPs supported by the care coordinator routinely worked with the community nursing services to ensure continuity of care for patients who needed care at home.
- Through the Pro-active Care (PAC) meetings the practice regularly reviewed patients with palliative care needs, those that needed end of life care and older vulnerable patients with the community and the palliative care nurses.
- The practice had identified older patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with local partners to coordinate their care.
- The GPs routinely visited two local care homes once each week for a ward round to ensure continuity of care for patients.
- The practice offered influenza vaccinations for older and at risk patients.

### People with long term conditions

Good



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

- Clinical staff trained in chronic disease management including a specialist diabetic nurse had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Performance for diabetes related indicators were comparable the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 74%, compared to the CCG average of 79% and the national average of 78%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

# Summary of findings

- For those patients with the most complex needs or at high risk of hospital admission, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care including opportunistic reviews of their care.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to CCG and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice provided contraceptive advice and services.
- The practice provided a variety of health promotion information leaflets and resources for this population group.
- The practice provided a minor injury clinic allowing families and young children local access to this service without the need to attend a hospital.
- The practice provided an interpreter service for young families of Eastern European origin.

Good



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

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

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

Good





# Summary of findings

- The practice offered extended hours, predominantly for working patients, every Tuesday evening until 8pm and every other Saturday from 8.30am till 11.15am.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered health checks, travel advice, cervical screening, and contraceptive services for this population group.

## People whose circumstances may make them vulnerable

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

Good



- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Through the Pro-active Care (PAC) meetings the practice regularly reviewed patients with palliative care needs, those that needed end of life care and older vulnerable patients with the community and the palliative care nurses.
- The Advanced Nurse Practitioner offered home visits, particularly to elderly vulnerable patients to carry necessary reviews, influenza vaccinations and acute dressings.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 165 patients as carers (1% of the total practice list).

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

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

Good



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice maintained a register of patients with mental illness and offered them annual health reviews.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including direct access to counselling and cognitive behavioural therapy.
- Counselling services were available at the practice for patients with mental health issues which was provided by a Wellbeing Counsellor and available during Tuesday extended hours.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in most indicators but lower scores with the reception as well as telephone access to the practice. 255 survey forms were distributed and 109 were returned. This represented 43% return rate (less than 1% of the practice's patient list).

- 48% of patients found it easy to get through to this practice by phone compared with a CCG average of 70% and a national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 74% and a national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared with a CCG average of 84% and a national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with a CCG average of 78% and a 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. All of the 25 patient Care Quality Commission comment cards we received were positive about the care experienced. One commented on the difficulty in obtaining an appointment with a GP of their choice. Patients said they felt the practice offered an excellent service and staff were thorough knowledgeable and had treated them with compassion dignity and respect. A number of comments noted on how well staff had put patients at ease when consulting.

We spoke with 11 patients including two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded sympathetically when they needed help and provided support when required.

The majority of patients told us on the day of the inspection they could get appointments. However, two patients told us it was difficult to arrange an appointment ahead of the practice's average six week lead time.

## Areas for improvement

### Action the service SHOULD take to improve

- Develop a coordinated approach to clinical audit.
- Continue to seek and support patients who are also carers.
- Continue with the plans to monitor and ensure improvement to patient experience, including access to appointments and reception staff.

# Queensway Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Queensway Medical Centre

Queensway Medical Centre situated in Wellingborough, Northamptonshire, is a GP practice which provides primary medical care for approximately 12,500 patients living in Wellingborough and surrounding areas.

Queensway Medical Centre provides primary care services to local communities under a Personal Medical Services (PMS) contract, which is a locally agreed contract between the practice and NHS England for delivering primary care services. The practice population is predominantly white British along with a small ethnic population of Asian Polish and Eastern European origin. The practice is situated in an area which is ranked highly on the deprivation indices particularly in the Queensway and surrounding areas.

The practice has six GPs partners (two female and four male) one salaried GP (female) and one female GP employed under the GP retainer scheme (which facilitates a GP to undertake a small amount of paid work to keep in touch with general practice and retain their skills, with a view to returning to NHS general practice in the future). There are two nurse prescribers one treatment room nurse and four minor illness nurses who are supported by three health care assistants. There is a pharmacist attached to the practice under a pilot scheme. There is a practice manager who is supported by a team of administrative and

reception staff. The administration team included a prescription clerk and a care coordinator. The local NHS trust provides health visiting community and midwifery services to patients at this practice.

The practice provides training to doctors studying to become GPs. Currently the practice has two GP trainees called GP Registrars.

Patient consultations and treatments take place on ground and first floor levels. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm except on Tuesday when the practice is open until 8pm. The practice offers extended opening every other Saturday from 8.30am till 11.15am. The practice offers a variety of access routes including telephone appointments, 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 service.

## Why we carried out this inspection

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

# Detailed findings

## 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 carried out an announced inspection on 1 September 2016.

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff
- Spoke with patients who used the service. Observed how patients were being assisted.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or a GP of any incidents and there was a recording form available. The incident recording 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a consistent approach to investigations.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, on discovery of a delay in informing a patient of an abnormal test result on account of a pending GP appointment, the practice had strengthened their procedures so patients were informed of abnormal test results even if they had a future appointment booked.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We reviewed a safety alert related to managing patients receiving a particular medicine to treat memory related illness and the potential side effects it could cause and found appropriate actions had been taken as recommended.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was information on what to do if there were safeguarding concerns in clinical and other consultation rooms. A designated GP was the lead for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. There were three monthly meetings with the Health Visitor to discuss patients who were on the child protection register. The Health Visitor was available on the telephone to discuss ongoing safeguarding issues. Staff demonstrated they understood their responsibilities. For example we saw that practice staff had discussed a concern about a person living alone in the community following bereavement with the care coordinator who had liaised with the local authority and arranged an appropriate care package to keep them safe. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- A notice in each clinical room advised patients that chaperones were available if required. Clinical staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. In addition there were monthly infection audits undertaken in key clinical areas.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the NHS Nene Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the practice had achieved 'Green' in the prescribing incentives scheme which is a system that rewards high quality and cost effective prescribing. Blank prescription forms and pads were securely stored and systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All staff groups covered holidays internally.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- 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. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. Clinical staff used a weekly peer support meetings called 'huddles' to discuss specific clinical issues.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions for example templates for asthma diabetes and dementia.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 74%, compared to the CCG average of 79% and the national average of 78%. Exception reporting for this indicator was 9% compared to a CCG average of 16% and national average of 12%. (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).

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% where the CCG average was 91% and the national average was 88%. Exception reporting for this indicator was 8% compared to a CCG average of 17% and national average of 13%.

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the past year. The practice had plans to re audit some of the initial audits to ensure that improvements were monitored and maintained.
- The practice participated in local audits, national benchmarking, GP revalidation audits, peer review and research. For example antibiotic prescribing. However we found that the findings of these audits were not held centrally to gain an overview.
- Findings were used by the practice to improve services. For example, following an audit the practice had developed management plans with patients with chronic obstructive pulmonary disease (COPD) so they could manage their condition safely at home avoiding any unplanned hospital admission.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff which was complemented by role specific induction. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for



# Are services effective?

## (for example, treatment is effective)

example, for those reviewing patients with long-term conditions such as coronary heart disease, asthma, COPD (chronic obstructive pulmonary disease) and diabetes.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, moving and handling, health and safety and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The GP registrar told us that they were well supported by the GPs other clinical staff and by the whole practice team.
- The attached pharmacist was currently being trained in urgent care with a view to reviewing and treating minor illness in a similar role to the nurse practitioner.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and communication with the district nurse and health visitor. The pathology service were able to share patient clinical information and

results electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.

- The GPs in conjunction with the care coordinator managed patients with unplanned hospital admission and readmission. Patients were reviewed for a need for a home visit following hospital discharge. All unplanned admissions were reviewed as appropriate, where their ongoing needs were adjusted as needed.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- Through the Pro-active Care (PAC) meetings the practice regularly reviewed patients with palliative care needs, those that needed end of life care and older vulnerable patients with the community and the palliative care nurses. Patient care was also discussed on a case by case basis depending on their immediate needs. There was a system to communicate with the out of hours provider (OOH) to keep them informed of specific patients who may need care out of hours and at weekends.

### 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 practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice gained appropriate consent for the insertion of an intrauterine device (IUD or coil is a small

# Are services effective?

## (for example, treatment is effective)

contraceptive device, inserted into the uterus). We saw that appropriate information about the device was given to the patient prior to the insertion and this discussion and consent was recorded in the patient's records.

### Supporting patients to live healthier lives

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

- The practice is situated in an area which is ranked highly on the deprivation indices. The practice was aware of the need to engage with the population in specific health promotion activities related to lifestyle including smoking and the associated respiratory issues, alcohol and substance addiction.
- Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring lifestyle advice on their diet, smoking and alcohol cessation. Patients were signposted to appropriate support groups for further advice.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were systems in place to

ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 55% of patients attended for bowel screening within six months of invitation compared to national average of 58%.
- 78% attended for breast screening within six months of invitation was higher than the national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 96% (CCG average: 70% to 98%). and five year olds from 73% to 98% (CCG average: 71% to 98%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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.

All of the 25 patient Care Quality Commission comment cards we received were positive about the care experienced. One commented on the difficulty in obtaining an appointment with a GP of their choice. Patients said they felt the practice offered an excellent service and staff were thorough knowledgeable and had treated them with compassion dignity and respect. A number of comments noted on how well staff had put patients at ease when consulting.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded sympathetically when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 87%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients 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%.
- 64% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%

The practice was aware of the lower satisfaction levels with the reception as well as telephone access to the practice. In response the practice increased staff at reception during peak times and encouraged positive staff behaviour through supervision.

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

The patients we spoke with told us they felt involved in decision making about the care and treatment they received. They said clinical staff had listened to them and had discussed any concerns and ways to overcome these; including offering patients a choice of treatments.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice had a

## Are services caring?

system to alert staff of patients with visual impairment. They were usually collected by the GP or other staff and guided into the consultation room. Picture cards were available to help patients with a learning disability to make decision about their care and treatment.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 165 patients as

carers (1% of the practice list). The practice was proactive in trying to identify additional carers. The care coordinator ensured written information was available to direct carers to the avenues of support available to them including from the Northamptonshire Carers both at the practice and on the practice website. Carers were offered opportunistic health checks and followed up appropriately.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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

### 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 was working collaboratively with other local practices to establish a paediatric urgent care centre.

- The practice provided telephone consultations through ring back service at the patient's request where appropriate.
- An on call duty GP saw all on the day emergency patients including emergency home visits if needed.
- A 'Deputy on Call' GP supported the duty doctor to provide additional same day urgent appointments if needed.
- The practice operated a dedicated e-mail service for receiving patient feedback. For example self monitored blood pressure results.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. There was a hearing loop available.
- The Advanced Nurse Practitioner offered home visits, particularly to elderly vulnerable patients to undertake necessary reviews, influenza vaccinations and acute dressings.
- There was a phlebotomy service available at the practice.
- There was an integrated approach to care and the practice worked closely with the community nursing services, the collaborative care team, mental health teams and age UK to facilitate care in patient's own homes if needed, to prevent admission or facilitate early discharge from hospital.
- The practice provided a minor injury clinic allowing families and young children a local access to this service without the need to attend a hospital.
- Counselling services were available at the practice for patients with mental health concerns which was provided by a Wellbeing Counsellor and available during Tuesday extended hours.
- Online services were available for booking appointments and request repeat prescriptions.
- The practice offered food bank vouchers for those in need.

### Access to the service

The practice was open Monday to Friday from 8am to 6.30pm except on Tuesday when the practice was open until 8pm. The practice offered extended opening every other Saturday from 8.30am till 11.15am. The practice also provided a minor injury walk-in facility where treatment could be given, without an appointment, for injuries such as cuts and bruises, minor burns, sprains, strains and joint dislocations. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed the patient's satisfaction with how they could access care and treatment.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 79%.
- 48% of patients said they could get through easily to the practice by phone compared to CCG average of 70% and the national average of 73%.

The practice was aware of the lower satisfaction levels with the reception as well as telephone access to the practice. In response the practice has made additional staff available at reception during peak times and encouraged positive staff behaviour through supervision. They were also aiming to reduce the number of patients that did not attend (DNA) an appointment with a GP (the average DNA rate was about 130 appointments per month). The practice was also advertising their online services for booking appointments as well as for requesting repeat prescriptions. There were plans to evaluate the effectiveness of these measures. The practice was also trying to appoint an additional GP.

# Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had a system in place to assess:

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

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a GP. Home visit requests were assessed and managed by a GP.

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

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were 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.

We looked at 19 complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, raising awareness for clinical staff to be mindful of patient distress during a consultation and to offer a different clinician for consultation if required to manage the situation.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

- The practice had a clear vision to provide high quality healthcare for the local population through a range of modern services, delivered by highly skilled professional team including doctors, nurse practitioners, treatment room nurses, health care assistants, midwives, managers and administrative staff.
- The practice had a documented statement of purpose which included their aims and objectives.
- The GP partners clearly described their plans for the future and how they hoped to achieve these. The partners recognised the areas the practice could improve and had plans which took into account the needs of the practice population and worked with the CCG where necessary to bring about these improvements.

### Governance arrangements

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

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

### Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs the practice manager and deputy 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when there were unexpected safety incidents:

- The practice gave affected people reasonable support and explanation.
- They kept written records of verbal interactions as well as written correspondence.

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

- There was a regular schedule of meetings at the practice for individual staff groups and multi-disciplinary teams to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. For example there were nominated GP leads for safeguarding, diabetes, asthma COPD and infection control. There were also nurse led clinics for patients with respiratory conditions such as asthma and COPD, coronary heart disease and diabetes. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys complaints received and the friends and family test. The PPG was active and met every three months. The PPG had helped improve the appointment



# Are services well-led?

Good 

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

system, the information messages on the patient call system and had developed a patient newsletter. In addition they had also engaged with people who lived or worked in the Wellingborough area through the social media pages of Wellingborough Health (an independent group) on specific health promotion campaigns such as the uptake of seasonal vaccinations.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had joined a clinical pharmacist prescriber pilot whereby the pharmacist, after training, would review and treat minor illness. The practice also took an innovative approach to childhood immunisations and had employed a health visitor to manage immunisations in-house instead of the local NHS community trust.