

Queensview 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 Queensview Medical Centre on 6 October 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 monitored performance using 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).

We saw evidence of progress in performance as a result of regular monitoring and improvement work.

- 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 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.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to monitor and ensure improvement to national patient survey results for example access to the practice to book appointments.
- Continue to monitor performance to ensure that patients with long term conditions receive appropriate monitoring.
- Complete all outstanding staff appraisals as scheduled and ensure that a system is in place to ensure staff receive regular appraisals.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation of events, and a written apology. They were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were largely in line with local and national averages.
- The practice was an outlier for some areas of QOF for 2014/2015, particularly those relating to diabetes care. We noted that the practice had made efforts to improve performance and evidenced an improvement in QOF performance for the year 2015/2016.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and the practice informed us that they intended to expand their audit programme as their clinical staffing levels had stabilised.
- 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. We noted that not all staff had received an appraisal in the 12 months preceding our inspection due to changes in staff. However, all outstanding appraisals were scheduled for completion.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice encouraged patients to attend national screening programmes for cervical, breast and bowel cancer.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice in line with local and national averages for several aspects of care.
- 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.
- The practice had identified 2% of patients as carers and was continuing to identify and support carers within their population.

Good



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 NHS Nene Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services including avoiding unplanned admissions to hospital and minor surgery.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Two GPs were trained to provide extended scope cardiology services, allowing them to liaise directly with the community cardiology service resulting in a fast track service for patients at risk of heart failure. These GPs were able to make direct access appointments for patients to have tests undertaken at the local hospital, receive the results and initiate appropriate treatment as needed. This reduced the need for referrals and ensured that patients received faster intervention and treatment when needed.

Good



Summary of findings

- Two GPs were able to offer dermatoscope examinations (a dermatoscope is a magnifying tool used to examine skin lesions) further reducing pressures on secondary care referrals.
- 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.
- A phlebotomy clinic ran daily enabling patients to have blood tests conducted locally rather than at the local hospital.

Are services well-led?

- The practice had a clear vision to deliver high quality health care in a responsive, supportive, courteous and cost effective manner with equality for all patients as a focus.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 practice was engaged with the patient participation group (PPG) and encouraged them to provide feedback on areas of improvement.
- We saw evidence that the practice had gone through a period of staff change and organisational transformation. We saw that there was a focus on continuous learning and improvement at all levels to ensure the future sustainability of the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported registered frail elderly patients in local nursing homes.
- The practice provided influenza, pneumonia and shingles vaccinations.
- A phlebotomy clinic ran daily enabling patients to have blood tests conducted locally rather than at the local hospital.
- The practice offered health checks for patients over the age of 75.
- All patients over the age of 75 had a named GP, personalised care plans and priority access to GP care if needed.
- The district nursing team were based within the practice and we saw evidence that this ensured good standards of communication between the services and ensured patients received a multi-disciplinary package of care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 64%, where the CCG average was 82% and the national average was 81%. We saw that the practice had been proactive in improving performance and services provided for patients with diabetes. The practice provided unpublished data 2015/2016 which demonstrated a marked improvement in the practice's QOF performance.

Good



Summary of findings

- The percentage of patients with asthma, on the register, who had received an asthma review in the preceding 12 months that included an assessment of asthma control, was 66% where the CCG average was 75% and the national average was 75%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average and national averages 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.
- Family planning and contraceptive advice was available.

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.
- The practice provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years. At the time of our inspection for the period June 2012 to October 2016 the practice had completed 381 of 2,271 (17%)

Good



Summary of findings

eligible health checks for people aged 40 to 74 years. The practice had recently recruited a Health Care Assistant (HCA) and we were told of plans for the HCA to undertake health checks for both newly registered patients and NHS health checks for patients aged 40 – 74 years.

- Extended pre-bookable appointments were available from 6.30pm till 8pm on Thursdays and from 7am on Fridays.
- Telephone consultations were available daily.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in April 2016. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age 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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The treatment room nurse was a trained learning disability nurse able to provide dedicated support to patients, including annual reviews of their health. At the time of our inspection 47 patients were under her care of which 32 (68%) had received an annual review in the 12 months preceding our inspection.
- 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 worked in liaison with the CCG Collaborative Care Team (CCT) to provide support to vulnerable patients with complex health and social needs.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held palliative care meetings involving district nurses, GP's and other local support organisations.
- The practice provided a dedicated telephone number for deaf patients, enabling them to arrange appointments via SMS text messages.
- 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.

Good



Summary of findings

- The practice had identified 170 patients (2% of the practice list) as carers. The practice was making continued efforts to identify and support carers in their population.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 76% where the CCG average was 85% and the national average was 84%.
- The practice maintained a register of patients with mental health concerns and all were invited to attend annual reviews.
- Performance for mental health related indicators were comparable to local and national averages. For example, with diagnosed psychoses who had a comprehensive agreed care plan was 79% where the Clinical Commissioning Group (CCG) average was 91% and the national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- 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.

Good



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. 292 survey forms were distributed and 126 were returned. This represented 1% of the practice's patient list (a response rate of 43%).

- 58% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 70% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

Eight of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. In particular patients commented that they felt staff listened to their concerns and provided care in a clean and friendly environment. One negative comment referred to difficulty arranging an appointment.

We spoke with four patients and a member of the patient participation group (PPG) during the inspection. (The PPG is a group of patients who work with the practice to discuss and develop the services provided). All informed us that they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient commented on occasional difficulty booking an appointment but noted that urgent appointments were always available when needed.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from January to September 2016 this year showed that 100% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice (57 responses were received).

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Continue to monitor and ensure improvement to national patient survey results for example access to the practice to book appointments.
- Continue to monitor performance to ensure that patients with long term conditions receive appropriate monitoring.
- Complete all outstanding staff appraisals as scheduled and ensure that a system is in place to ensure staff receive regular appraisals.

Queensview Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor.

Background to Queensview Medical Centre

The Queensview Medical Centre provides a range of primary medical services, including minor surgical procedures from its location at Thornton Road, Northampton on the town centre periphery.

The practice serves a population of approximately 8,500 patients with an average population age range. The practice population is largely White British with an increasing population of Eastern European patients. National data indicates the area served is one of higher than average deprivation in comparison to England as a whole.

The clinical team consists of three male and one female GP partners, two nurse practitioners (qualified as Independent Prescribers), two practice nurses, a treatment room nurse, a health care assistant and a phlebotomist. The team is supported by a managing partner and a team of administrative staff.

The practice had undergone a period of staff changes in the eighteen months preceding our inspection with the early retirement of the senior partner. This had left the practice short of clinical staff and dependant on the use of GP locums. They had successfully recruited two new GP partners and additional nursing staff to stabilise the clinical team. During the same period several members of the

administration team had also left the practice and whilst some posts had been filled the practice were still proactively recruiting for additional administrative staff at the time of our inspection.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice operates from two storey purpose built accommodation and patient consultations and treatments take place on the ground level. There is a car park outside the surgery, with disabled parking available.

The Queensview Medical Centre is open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments are available from 6.30pm to 8pm on Thursdays and from 7am to 8am on Fridays.

The out of hours service is provided by IC24 and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

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 6 October 2016. During our inspection we:

- Spoke with a range of staff including GP partners, nurses, the managing partner and members of the administrative team.
- Spoke with patients who used the service and a representative of the patient participation group (PPG).
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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 reviewed a significant event in relation to a patient's medication. The practice was prompt to investigate and introduce measures to safeguard the affected patients and ensure that they were not at risk. Action included liaison with the neighbouring pharmacy to ensure control measures were introduced to prevent the risk of recurrence.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw that when a patient did not receive required treatment due to a breakdown in communication between their care home and the practice, the practice introduced a 'patient held record' system to ensure that procedures were more vigorous and patients were at reduced risk. The patient received an explanation and an apology.
- The practice maintained a log of significant events and these were discussed as a standing item on the agenda at practice meetings, to ensure that lessons learnt were shared and monitored.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that an alert was received regarding a medicine used to treat patients with thyroid conditions. (A thyroid is a gland in the neck which secretes hormones regulating growth and development through the rate of metabolism). The alert was received by the practice

and a search of affected patients was run. The practice liaised with the neighbouring pharmacy and contacted all affected patients to ensure the risk to safety was reduced. Copies of alerts were kept and were available for staff in the practice. We were told that the practice planned to add safety alerts as a standing item on the agenda for clinical meetings to ensure all staff were aware of actions taken in response to alerts received.

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 a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw examples of referrals made for children highlighted as of concern. The practice worked with other agencies to maintain records for children aged 5 to 18 years.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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 visibly clean and tidy. The Nurse Practitioner was the infection control clinical lead supported by the treatment room nurse, who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual

Are services safe?

infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, following an audit all non-clinical staff were provided with infection control training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was a GP lead for prescribing. 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 local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for recently recruited staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice had not historically kept records of references for persons employed and had recognised this as an area for improvement prior to our inspection. Review of files kept for the most recently recruited staff demonstrated an improvement in the standards of recruitment checks undertaken and records kept for staff employed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster on the staff noticeboard in the meeting room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and the practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment had been checked in March 2016 to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs.

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. 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 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, key suppliers and stakeholder organisations. A copy of the plan was kept off site by the practice manager and partners.

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 patients' needs. For example, in keeping with NICE guidance the practice were offering alternative forms of anticoagulants to patients suffering from atrial fibrillation (AF) who may be at risk of suffering strokes. (Anticoagulants are medicines used to prevent blood from clotting). These alternative anticoagulants were beneficial to patients meeting the criteria for use as blood tests to monitor effectiveness were not required.
- 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 85% of the total number of points available. Data from 2014/2015 showed the majority of QOF targets to be similar to local and national averages:

Performance for mental health related indicators was comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 79% where the Clinical Commissioning Group (CCG) average was 91% and the national average was 88%. Exception reporting for this indicator was 4% compared to a CCG average of 17% and national average of 13%. (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).

- The percentage of patients with asthma, on the register, who had received an asthma review in the preceding 12 months that included an assessment of asthma control, was 66% where the CCG average was 75% and the national average was 75%. Exception reporting for this indicator was 5% where the CCG average was 9% and national average was 8%.

The practice was an outlier for several areas of diabetes care as performance for diabetes related indicators was below the CCG and national averages. For example,

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 64%, where the CCG average was 82% and the national average was 81%. Exception reporting for this indicator was 12% compared to a CCG average of 14% and national average of 12%.

The practice recognised that performance for diabetes had historically been below average. They recognised that their patient population posed some challenges and that due to previous clinical shortage they had been unable to target specific patients. We saw evidence that as the clinical team had stabilised the practice had been proactive in improving performance for QOF and in particular indicators relating to diabetes care had seen a marked improvement. For example, we were shown evidence, yet to be published, that for the year 2015/2016,

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 80%.

Similar improvements for other diabetes indicators were also noted. We were told that the newly appointed GP partner had a specialist interest in diabetes and had initiated regular clinics with the community specialist diabetic nurse for less compliant patients in an effort to improve patient care.

The practice was also an outlier for QOF indicators related to hypertension. For example, the percentage of patients with hypertension having regular blood pressure tests was 73% which was comparable to the CCG average of 85% and national average of 84%. Exception reporting for this indicator was 3% compared to a CCG average of 4% and national average of 4%. Again, the practice had made considerable efforts to improve care for patients with

Are services effective?

(for example, treatment is effective)

hypertension since stabilising their clinical team. We saw evidence that the data available for 2015/2016 demonstrated an improvement on QOF performance for hypertension. The practice's overall performance for QOF for 2015/2016 was 95% of the total number of points available.

There was evidence of quality improvement including clinical audit and the practice informed us that they intended to expand their audit programme as their clinical staffing levels had stabilised.

- There had been five clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. For example, an audit was undertaken for patients suffering from atrial fibrillation (AF). (Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate). The audit had been repeated annually for three years since September 2014. The audit had enabled the practice to improve their diagnosis and treatment of AF patients. They had identified 114 AF patients in September 2014 and 135 patients in July 2016. In the first cycle of the audit 30% of patients were not receiving treatment. By 2016 this had decreased to 20%, demonstrating that the practice's efforts to engage and educate patients to ensure they were receiving appropriate treatment was successful.
- Findings were used by the practice to improve services. For example, an audit of patients taking anticoagulant medication was undertaken to identify the efficacy of the treatment. Out of 82 patients only 4 patients were out of the therapeutic range demonstrating that the practice were providing effective care and monitoring for these patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had a tailored induction programme for all newly appointed staff. 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

example, we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.

- 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. We noted that not all staff had received an appraisal in the 12 months preceding our inspection due to staff shortage. We saw evidence that all outstanding staff appraisals were due for completion by the end of November 2016. 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.
- We noted that the practice closed one afternoon each month to provide protected learning time for staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- During a period of clinical staff shortage the practice had reviewed options for improving access for patients and had recruited an additional full time nurse practitioner who was able to provide minor illness and injury services, alleviating pressures on GPs and reducing the number of GPs the practice needed to recruit.

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 computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission. We saw that patients on this register and any others who had been recently admitted or discharged from hospital were discussed at weekly clinical meetings when needed. At the time of our inspection there were 131 patients on the unplanned admissions register receiving this care.
- The practice held regular multi-disciplinary team (MDT) meetings to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses and local support services. A list of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. At the time of our inspection ten patients were receiving this care.
- The practice held regular safeguarding meetings, attended by GPs, the practice nurse and health visitor. Records were kept of discussions and action taken in relation to children at risk. Information from other agencies involved in safeguarding was also shared during these meetings.
- The practice ensured that patients with multiple health conditions received combined appointments where possible. For example, flu clinics were led by a nurse supported by an administrator. They were able to identify patients attending the flu clinic who were due additional tests and health checks and where possible would combine these with the flu vaccination appointment. This reduced pressures on vulnerable or frail elderly patients in particular, who had difficulty arranging transport to the surgery.

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.
- Written consent forms were used for specific procedures as appropriate which were scanned into the patient record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were supported by practice staff or were signposted to the relevant service.
- The practice nurses provided smoking cessation and weight management advice to patients with the option to refer patients to local support groups if preferred.
- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). They were able to refer to external support services as needed. One of the GPs has specific training in cardiology and the practice had a quick referral process to consultants if required.
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- All patients over 75 had a named GP.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average and national averages of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages, by providing additional information for those with a learning disability and by ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

Are services effective? (for example, treatment is effective)

- 52% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 59% and the national average was 58%.
- 76% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 77% and the national average was 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 99% and five year olds from 74% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients over 75 years old and NHS health checks for patients aged 40–74 years. At the time of our inspection for the period June 2012 to October 2016 the practice had completed 381 of 2,271 (17%) eligible health checks for people aged 40 to 74 years. The practice had recently recruited a Health Care Assistant (HCA) and we were told of plans for the HCA to undertake health checks for both newly registered patients and NHS health checks for patients aged 40 – 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.

Eight of the nine patient Care Quality Commission comment cards we received 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. In particular patients commented that they felt staff listened to their concerns and provided care in a clean and friendly environment. One negative comment referred to difficulty arranging an appointment.

We spoke with a member 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 compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was performing in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% 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 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 85% 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 national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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.

- 85% 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%.
- 80% 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 national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and 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.
- Information leaflets were available in easy read format and different languages if required.
- A hearing loop was available for patients who suffered from impaired hearing.

Are services caring?

- The practice had introduced a dedicated mobile telephone to enable deaf patients to contact the surgery.

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 170 patients as carers (2% of the practice list). The practice made efforts to continuously identify carers in their population, for example, by developing a carer's notice board and

providing additional information to carers encouraging them to identify themselves to the practice. We were told that the practice had held a coffee morning on a Saturday at the practice alongside a flu clinic to raise money for MacMillan Cancer Support. The practice had invited the local carers support group to attend and provide additional information and support to patients and their carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a letter. This call was either followed by a patient consultation at a convenient time and location to suit the patient to meet the family's needs and/or 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 NHS Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services including avoiding unplanned admissions to hospital and minor surgery.

The practice worked in liaison with the CCG Collaborative Care Team (CCT) to provide support to vulnerable patients with complex health and social needs. The practice was able to refer patients that required additional intervention and support to ensure they were safeguarded from causing harm to themselves or others. We saw positive examples of patients that had benefited from the service since the practice had engaged with the CCT.

- The practice offered extended hours appointments on a Thursday evening between 6.30pm and 8pm and Friday mornings from 7am for patients who could not attend during normal opening hours. Patients were also able to receive appointments with nurses for chronic disease management, family planning and travel vaccinations during these times.
- The practice provided a daily minor injury and illness service to registered patients and actively encouraged patients to use the service in an effort to reduce pressures on the local hospital. This service was also available during extended hours on Thursday evenings until 8pm.
- The treatment room nurse was a trained learning disability nurse able to provide dedicated support to patients, including annual reviews of their health. At the time of our inspection 47 patients were under her care of which 32 (68%) had received an annual review in the 12 months preceding our inspection.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided regular ward rounds at local nursing homes to see registered patients.
- Two GPs were trained to provide extended scope cardiology services, allowing them to liaise directly with

the community cardiology service resulting in a fast track service for patients at risk of heart failure. These GPs were able to make direct access appointments for patients to have tests undertaken at the local hospital, receive the results and initiate appropriate treatment as needed. This reduced the need for referrals to secondary care and ensured that patients received faster intervention and treatment when needed.

- Two GPs were able to offer dermatoscope examinations (a dermatoscope is a magnifying tool used to examine skin lesions) further reducing pressures on secondary care referrals.
- 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 as well as those only available privately, including Yellow Fever.
- The practice offered phlebotomy services Mondays to Fridays from 8am until 1.30pm, with appointments available from 7am on Fridays.
- Telephone consultations were available daily.
- There were disabled facilities, a hearing loop and translation services available. In response to feedback the practice provided a dedicated telephone number for deaf patients, enabling them to arrange appointments via SMS text messages.
- We saw that the practice had made several alterations to its premises to facilitate additional services in house, for example the development of two additional consultation rooms.
- The practice provided space for the district nursing and health visitor teams. We were told that having these teams on site improved communications and ensured that patients received support in a timely manner.
- The practice had enrolled in the Electronic Prescribing Service (EPS) in April 2016. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments were available from 6.30pm to 8pm on Thursdays and from 7am to 8am on Fridays. The practice operated a same day booking system, with appointments released from 8am available to book online, in person or via the telephone. In

Are services responsive to people's needs?

(for example, to feedback?)

In addition the practice offered some pre-bookable appointments that could be booked up to six weeks in advance. Urgent appointments were also available for people that needed them.

The out of hours service was provided by IC24 and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

The practice advised us that they had experienced an unusually high turnover of administrative staff and this may have impacted on their patient survey results as there were fewer staff available to answer the phone. We saw evidence that the practice were proactively recruiting new staff successfully securing two new members of staff in the months preceding our inspection. Additional phone lines had been installed to improve telephone access and we were told that the practice planned to expand their services to include email access once they had stabilised their administrative team.

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.

Patients were able to telephone the practice to request a home visit and a GP acting as duty doctor would call them back to make an assessment and allocate the home visit appropriately. 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 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 in the waiting room, at reception and on the practice website.

We looked at 6 complaints received in the period April 2015 to March 2016 and found that the practice handled them objectively and in an open and timely manner. Lessons were learnt from individual concerns and complaints and actions were taken as a result to improve the quality of care. For example, we saw that when a patient complained about standards of communication at reception and difficulties experienced during a consultation, the practice were prompt to investigate, before responding to the patient. Staff were reminded of practice procedures and additional training was provided to improve communications to reduce the risk of recurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality health care in a responsive, supportive, courteous and cost effective manner with equality for all patients as a focus.

- The practice had a mission statement; 'each and every patient matters and is the heart of all we do' which was displayed in the practice and staff knew and understood the values.
- GPs and the managing partner were able to discuss the plans for the future and we saw evidence of regular partners meetings that were held, incorporating discussions around future planning. We saw evidence of forward thinking to maintain the smooth running of the practice and ensure patient care was not compromised.

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 clear staffing structure and that staff were aware of their own roles and responsibilities. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the computer system. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and

incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. 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). 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 things went wrong with care and treatment

- The practice gave affected people support, an explanation of events and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence of regular formal communications between the practice team.
- The practice had recognised the need to formalise multi-disciplinary meetings and ensure that minutes of meetings were kept. We saw evidence that meetings had been streamlined to be undertaken routinely once a week and that since the introduction of the new meeting structure, minutes were being recorded and shared appropriately.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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.

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 the patient participation group (PPG) and through surveys and complaints received. For example, the PPG had helped the practice develop local patient surveys, providing input on suitable questions to ask. They had also feedback to the practice on complaints received regarding phone access. The practice responded by increasing the number of telephone lines available to patients. We were told of plans to develop a virtual PPG to increase the representation of patients in the group.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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. We saw evidence that the practice had gone through a period of staff change and organisational transformation. Newly appointed clinical staff informed us that they had been encouraged to join the practice due to the forward thinking approach of the GP partners who demonstrated a commitment to improving services for patients and sustaining a high performing practice.

We saw that a GP partner had trained as a GP trainer and we were told that the practice intended to apply to become a training practice in the future.

The practice was involved in the C- Reactive Protein (CRP) project that was being piloted within the locality to try and reduce inappropriate antibiotic prescribing. (CRP is a protein found in the blood whose levels rise in response to inflammation). The practice was able to undertake a finger prick test on patients to identify levels of CRP and to prescribe accordingly. In the six months preceding our inspection that the practice had been involved in the project, they had identified a reduction in antibiotic prescribing, moving from an amber rating to green rating for their prescribing data, as recorded by the Nene Clinical Commissioning Group.

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.

This section is primarily information for the provider

Enforcement actions

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.