

# Abington Park Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

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 Abington Park Surgery on 20 January 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 the skills, knowledge and experience to deliver effective care and treatment.

- 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.
- Patients said they found it easy to make an appointment and could access 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

**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. For example, they had been pro-active in developing an IT solution to monitor patients on specific high risk medicines.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal or written apology. They were told about any actions 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.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and they had participated in many quality improvement projects.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than other practices for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified, such as electrocardiogram recording and interpretation in general practice.
- Patients said they found it easy to make an appointment, 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 via discussions and meetings.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a long standing 'Friends of the Practice group' which worked with them as well as a virtual patient participation group which provided feedback predominantly online.
- There was a strong focus on continuous learning and improvement at all levels and the practice engaged in innovative local projects.

# 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.

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. The practice proactively sought patients to prevent exacerbations and complications of long term conditions.
- 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 the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with multiple conditions were offered an holistic review to include all conditions and prevent additional visits.

Good



### 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 high for all standard childhood immunisations.
- 75% of patients diagnosed with asthma, on the register had had an asthma review in the last 12 months which was the same as the national average.
- 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.

Good



# Summary of findings

- Cervical screening results were the same as the national average of 81%.
- 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, health visitors and school nurses.

## **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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



## **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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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**



## **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**



# Summary of findings

- 79% percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency 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 published in July 2015. The results showed the practice was performing above the local and national averages in almost all areas. 343 survey forms were distributed and 126 were returned demonstrating a response rate of 37% which represented 1% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received, although two referred to difficulty getting an appointment and continuity of GP. Patients expressed an overall satisfaction with the practice and commented specifically on the kindness and compassionate nature of their GP and there were many comments regarding the helpful and polite reception staff.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Abington Park Surgery

## 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.

## Background to Abington Park Surgery

Abington Park surgery provides general medical services to a population of approximately 12,400 patients in Northampton town centre and surrounding areas under a personal medical services (PMS) contract. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice operates from a well-equipped, two storey premises, with disabled access and the building is shared by another GP practice. Consultations take place with the nursing staff on the ground floor and GP consultation rooms are on the first floor and can be accessed via a lift or stairs.

The practice population had a higher than average number of patients aged 25 to 45 years and over 85 years as well as a higher than average number of patients in the 0 to 4 year age group. National data indicates that the area does not have high levels of deprivation.

The practice has seven partners, six of whom are GPs and the other partner is the practice manager as well as the registered manager. They employ three nurse practitioners, three practice nurses and a health care assistant and have

a team of administrative and reception staff who support the practice. It is a training practice which supports registrars who are qualified doctors training to be GPs. They also train medical students who are training to be doctors.

The practice is open between 8am and 6.30pm Monday, Tuesday and Friday, and offer extended hours on Wednesdays from 7am until 6.30pm, Thursdays 8am until 8pm and Saturdays from 7.30am until 11am. When the surgery is closed services are provided by Integrated Care 24 Limited and patients can contact the service via NHS 111.

## Why we carried out this inspection

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

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.

## 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 20 January 2016. During our inspection we:

# Detailed findings

- Spoke with a range of staff including nurses, administrative and reception staff and GPs and we also spoke with patients who used the service and a member of the 'Friends of the Practice' group.
- Observed how patients were being assisted during this visit to the practice and talked with family members
- Reviewed clinical templates, care plans, policies and procedures.
- 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 had a policy and a form which was completed and they notified the practice manager who would carry out a thorough investigation and we saw that this took place. Any issues were directed to the appropriate member of staff and the practice ensured that this was disseminated. These were discussed at a quarterly meetings and relevant staff notified of any changes in practise.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, we saw there had been nine significant events during the last year which had been investigated and discussed and actions implemented. Lessons learned were shared with staff at meetings.

We noted there had been a medication error and the practice had contacted the patient and offered an explanation and also contacted secondary care consultant to discuss this and also notified the National Reporting and Learning System (NRLS). NRLS is a central database of patient safety incident reports which analyses them to identify hazards, risks and opportunities to continuously improve the safety of patient care.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for adult safeguarding and a lead GP for safeguarding children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had allocated an member of staff who was responsible for providing administrative support regarding safeguarding, who attended

safeguarding meetings and ensure documentation was correctly prepared and disseminated. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GPs were trained to Safeguarding level 3.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All clinicians had a list of staff qualified to chaperone in their consulting room.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who had carried out specific training and subsequent updates to enable them to carry out the role effectively. There was an infection control protocol in place and all staff had received up to date training. The infection control lead had carried out an infection control audit and communicated the outcome to the practice manager and any areas had been addressed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence to show that the practice was not an outlier in medicines management. Prescription pads were securely stored in a locked cabinet, however, although staff told us they were rarely used, there was no system in place to monitor their use. However, following our inspection the practice implemented a system and submitted evidence to demonstrate this was in place. One of the nurses had qualified as an Independent Prescriber 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. We noted that there was no system in place to record

## Are services safe?

when a patient collected a prescription for a controlled drug or system to follow up patients who did not collect their prescriptions. However, the practice addressed this promptly and provided evidence that a system had been implemented and shared with staff.

- We reviewed a selection of 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 with a poster in the reception office which identified local health and safety representative. 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 a variety of other 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 supervisor for reception and administration who assisted to ensure arrangements were in place for

planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### 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 clinical staff received annual basic life support training and non-clinical staff every 18 months and there was emergency equipment and medicines available in an accessible area for all staff at the back of reception. All staff we spoke with were aware of where this was kept and could describe the action they would take in an emergency.
- The practice shared a defibrillator with the other practice who operated from the premises which was easily accessible for all staff. There was oxygen available with the emergency equipment 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 fit for use.

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. The GPs used the Pathfinder system which included up to date pathways of care for specific conditions which had been locally agreed and were in line with the latest NICE guidance. Staff used this system to deliver care and treatment that met peoples' needs.
- 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 showed the practice had achieved 99.8% of the total number of points available, with 13% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed the practice had achieved 100% in all areas of the QOF with the exception of diabetes where one point had not been achieved. These results were above the CCG and national average in all areas which included conditions such chronic obstructive airways disease (COPD), asthma, heart failure, mental health, dementia, hypertension and chronic kidney disease.

One of the partners at the practice had worked with IT specialists to develop a system to ensure the monitoring of patients taking complex medicines was more safely and effectively monitored and managed which had now been implemented.

Clinical audits demonstrated quality improvement.

- We looked at three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. One of the audits had been identified as a result of training in a specific subject.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research and was proactive in identifying areas of potential improvement.
- Findings were used by the practice to improve services. For example, a significant event had alerted the practice of the need to audit the care records of patients using of a specific medication and as a result had implemented changes to improve care in response to the results.

### 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 included a list of the induction process and the practice showed us a copy of an induction of a recently appointed member of staff. The programme covered all aspects of their role and involved initial training in areas such as safeguarding and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and external training.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff we spoke with told us they had regular annual appraisal and we saw evidence in staff files to show that this had taken place.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training and protected learning sessions. Nursing staff told us they met regularly with the one of the GPs to discuss clinical issues and update nursing staff. For example, one of the GPs had provided the nursing staff with an overview of dementia assessment.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated. The practice also held meetings monthly to discuss referrals to secondary care and unplanned admissions.

### 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 (MCA) 2005 and staff had received MCA training regarding.
- 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 sought consent in line with national guidance and used a structured template for recording this.
- Patients we spoke with confirmed that consent was always sought for procedures and were always explained and made clear prior to gaining consent.

### Supporting patients to live healthier lives

The practice had robust systems in place for identifying patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those with a learning disability. Patients were invited to the practice for specific reviews, for example patients with learning disability were invited and if they failed to attend three times they would be contacted and offered a home visit if necessary. Patients with more than one long term condition were offered an holistic review which addressed all their conditions at the same consultation. The practice offered smoking cessation advice and demonstrated the use of a variety of health promotion materials which were up to date. Patients who would benefit from support services were signposted accordingly.
- Smoking cessation and dietary advice regarding weight management was available from the nursing staff and they provided appropriate up to date supporting literature.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were also several female sample takers available for cervical screening and the practice encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example,

## Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99%, compared to the CCG average of 94% to 98%.and five year olds from 94% to 98% compared to the CCG average of 94% to 97%.

Flu vaccination rates for the over 65s were 71%, and at risk groups 48%. These were also comparable to the national averages of 73% and 47% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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

Staff we spoke with and actions we observed demonstrated that staff were courteous and helpful to patients and treated them with dignity and respect. We heard staff providing assistance to patients on arrival and they showed patience and kindness and took time to chat with patients when possible. Patients attending the practice commented specifically on the caring and helpful attitude of the reception staff and comment cards we received confirmed these views.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments and patients told us that staff were careful to ensure their dignity was maintained during intimate examinations and procedures. We saw that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. The practice had a facility for reception staff to take patients to a separate room if they needed to talk in private or had issues of a sensitive nature.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service they received regarding dignity and respect and patients commented on the compassion of all staff mentioning them by name. Patients commented they felt safe and cared for by all staff they came into contact with at the practice. They reported they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the 'Friends of the Practice' group who told us patients reported that they were very happy with all the GPs and that the reception staff were caring, polite and helpful. We also spoke with six patients who also made similar comments and expressed satisfaction with the caring nature of the staff at the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. (Friends of the Practice is a long established group of patients who have worked with the practice and raised funds for equipment and provided help

with surveys, alongside the patient participation group which consisted of patients who provided views and feedback remotely via email to the practice in order to improve services).

Results from the national GP patient survey aligned with the comments from patients we spoke with and the cards we reviewed confirming that patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 92% 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 90%.
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average 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 on the comment cards we received was also positive and aligned with these views.

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 above the local and national averages in most areas. For example:

## Are services caring?

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 79% and national average of 81%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 84% and national average of 85%.

We spoke with patients during our inspection who gave examples of how the GPs and nurses had taken time to explain their condition and the options of treatments available allowing them to make an informed choice.

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.

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

Patients we spoke with told us they had experienced good support, several providing examples of how the GPs and nurses had supported them and helped them in coming to terms with difficult diagnoses and treatment. They told us the GPs had maintained good communication with other services to ensure their care had been co-ordinated.

We observed many sources of information in the patient waiting area which informed patients how to access a number of support groups and organisations. The practice had a specific member of staff who dealt with carers and the practice had achieved a Silver Carers Award from Northamptonshire Carers Association. The member of staff had worked and explored different ways of identifying carers to increase the carers register to 300. Specifically, they would run computer searches for patients who may have been carers and wrote to patients with information and advice to notify the practice if they were a carer. The practice also sent texts to all patients alerting them to support available if they were carers.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff showed us the procedure for alerting all staff if a patient had died and told us that if families had suffered bereavement, their usual GP would decide on the appropriate contact which should be offered dependent on their circumstances.

# 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice is involved in a project to train carers to identify early signs of infections and manage them appropriately and carried out electrocardiogram recording and interpretation in general practice.

- The practice offered extended hours appointments early in the morning and late evening on Wednesday and Thursday respectively and opened Saturday morning to allow patients to be seen who work or cannot attend the practice during normal opening hours..
- There were longer appointments available for patients with a learning disability and any patients who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions and any patient who needed to see a doctor urgently.
- There were disabled facilities including a ramp, a lift and an electronic door operating system, a hearing loop and translation services available. We noted that the translation service was not advertised to patients in the waiting area but staff told us patients accessed the service without difficulty. Following our inspection the practice provided evidence to show this had been addressed.
- There were posters encouraging breast feeding and fresh water dispenser in the waiting areas.
- The practice provided a self-test bay which was a private screened off area where patients could go to record their weight and blood pressure and leave the information for reception staff to input into their records.

### Access to the service

The practice was open between 8am and 6.30pm on Monday, Tuesday and Friday and offered extended hours appointments on Wednesdays from 7am until 6.30pm and Thursdays from 8am until 8pm. The practice also opened on Saturdays from 7.30 until 11am for appointments only.

In addition to pre-bookable appointments that could be booked up to 31 days in advance, urgent appointments were also available for people that needed them and the practice offered a triage system by the duty GP to facilitate this. Appointments were bookable online, at reception or by telephone 24 hours a day 365 days a year.

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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 63% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them. Four of the patients we spoke with had called the practice that morning to be seen. Patients we spoke with told us that the new telephone system has improved access recently.

### 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.
- The practice manager was the 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 form of a practice leaflet, on their website.

There had been 32 complaints in 2015. We looked at a selection of the complaints received and saw that they had been satisfactorily handled, fully documented and dealt with in a timely way. They demonstrated openness and transparency when dealing with patients who had complained. We saw that lessons were learnt from concerns and complaints and action was taken to as a

# Are services responsive to people's needs?

(for example, to feedback?)

result to improve the quality of care. For example, GPs had identified learning opportunities regarding specific conditions in response to a patient complaint and addressed these.

# 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 care and promote good outcomes for patients. The practice had a mission statement which had been reviewed, agreed and shared with all staff. This was displayed in the waiting areas and staff demonstrated an understanding of the practice values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 were key staff members allocated to lead on specialist clinical and administrative areas. For example, there was a lead GP for clinical governance, safeguarding adults and children and prescribing.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained which included QOF, prescribing, hospital admissions and other local projects.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners demonstrated their skills and knowledge in management and a commitment to lead and develop staff and implement appropriate systems in the practice to ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. We saw examples of

significant events where the practice had identified mistakes and patients had been contacted and informed with an explanation and apology regarding the incident. These incidents and the actions taken were clearly recorded. The partners encouraged a culture of openness and honesty and staff we spoke with confirmed this. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held regular team meetings. These included clinical meetings, referral meetings, three monthly complaints and significant event meeting, prescribing, unplanned admissions and departmental meetings.
- 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 in doing so and felt supported if they did. The practice staff also had access to protected learning sessions once a month.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to 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 their Friends of the Practice group as well as their virtual patient participation group (PPG) and survey, comments and complaints. (Friends of the Practice is a long established group of patients who have worked with the practice and raised funds for equipment and provided help with surveys, alongside the patient participation group which consisted of patients who provided views and feedback remotely via email to the practice in order to improve services). The virtual PPG provided feedback online to the practice to

# Are services well-led?

Good 

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

inform them of potential improvements. For example following patient feedback the practice had changed the telephone system and number to provide less expensive calls and better access.

- The practice had gathered feedback from staff through staff meetings, appraisal and informal discussions. They 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

The practice was a teaching practice and there was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was proactive and

forward thinking in identifying risks to health early and providing anticipatory education and guidance to patients at higher risk of developing long term conditions. For example, they had developed a pre diabetes clinic using a new clinical template to identify symptoms of diabetes and treat early. The practice had identified 25 patients with early onset of diabetes out of 65 who had attended. They also identified barriers of access to healthcare for patients with a learning disability and developed an easy read format for health information and provided home visits for those patients. The practice nurse was skilled in respiratory conditions and was actively auditing data to determine appropriate use of asthma inhalers and improve health outcomes as a result.