

Springfield Surgery

Quality Report

Springfield Way
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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 Springfield Surgery on 30 September 2015. The overall rating for the practice at that time was requires improvement. The full comprehensive report from that inspection can be found by selecting the 'all reports' link for Springfield Surgery on our website at www.cqc.org.uk.

This inspection was undertaken on 01 December 2016 to determine if the practice had made improvements since our last inspection. Overall the practice is now rated as Good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice had instilled a clear system to ensure 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.
- Feedback received from patients from the completed CQC comment cards was positive. Patients told us they were impressed by the professional attitude and caring approach of the staff.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided. The practice met regularly with the PPG and responded positively to proposals for improvements.
- Infection prevention and control systems were comprehensive and environmental checks, including legionella testing were all up to date

Summary of findings

- 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.
- The practice occupied a purpose built health centre, 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.
- Risks to patients were assessed and well managed. The practice had defined systems, processes and practices to review and assess ongoing risks.

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had created an easy to read pictorial letter and information leaflet for patients with learning disabilities. This assisted the practice when inviting these patients for a health review, to explain treatment and enable the patients to give feedback to GPs and nurses about their care.

The provider should make improvements in the following area:

- Continue to identify and support carers

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. A policy and guidance was available for all staff to access on the practice computer system. Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and a written apology. They were told about any actions taken to improve processes to prevent the same thing happening again.
- Appropriate arrangements for legionella testing and infection prevention and control were in place. Staff had received appropriate training to manage these areas.
- Systems and processes within the dispensary ensured medicines were managed safely, including arrangements for controlled drugs.
- The practice had well defined and clearly embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risks to patients were assessed and well managed. The practice had defined systems, processes and practices to review and assess ongoing risks.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local and national averages. For example, the most recent published results showed the practice achieved 100% of the total number of points. This was comparable with the CCG average of 98% and the national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Good



Summary of findings

- In an attempt to reduce the levels of those patients who did not attend for their appointment, the practice had introduced a text messaging system.
- Clinical audits demonstrated quality improvement. There had been 18 clinical audits undertaken in the last two years, nine of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Recent data from the national GP patient survey showed patients rated the practice higher than others 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. For example, 86% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 83% and the national average of 82%.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.
- Information for patients about the services available was easy to understand and accessible, both in the patients waiting area and on the practice website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 105 patients as carers, which was approximately 1% of the practice list. A carers 'champion' was to continue the work to identify and support patients who were carers. The practice had created a comprehensive welcome pack for newly registered patients, with information about the practice, the services available and the surrounding facilities.
- A range of noticeboards in the waiting area provided information about additional support available and signposted patients to other agencies, such as Cruse, Sure Start, AGE UK and Northamptonshire Carers.
- We observed a strong patient-centred culture, where staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible. The practice had an informative practice leaflet and a comprehensive website, posters were on display and leaflets were available in the waiting area.

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 NHS England and the Nene Clinical Commissioning Group to secure improvements to services where these were identified.
- 86% 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 79% and the national average of 76%.
- Urgent appointments were available the same day, with pre-bookable appointments with, nurses and GPs available up to weeks in advance.
- 96% of patients said the last appointment they got was convenient, compared to the CCG average of 92% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had made arrangements for those patients with hearing difficulties to be able to email for appointments.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate. The practice also encouraged positive feedback and celebrated success appropriately.

Good



Are services well-led?

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

- The practice had a clear vision, with the delivery of safe and high quality care as its top priority. The strategy to deliver this vision had been produced with stakeholders and was reviewed and discussed with staff.
- High standards were promoted and all practice staff and teams worked together across all roles. Staff were clear about the vision and their responsibilities in relation to it.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



Summary of findings

- 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.
- The governance framework at the practice supported the delivery of the vision. This included arrangements to monitor and improve quality of services and to identify and manage risk.
- The practice had systems in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff.
- Localised performance indicators were in place to monitor delivery of services. Information was used to benchmark delivery of services, patient satisfaction levels and to identify areas of good practice and areas for development.
- The practice regularly and proactively sought feedback from staff and patients, which it acted on. The practice had an engaged and active patient participation group (PPG). The practice had 12 members in the Patient Participation group and an additional 220 patients signed up for the virtual PPG.
- The provider had created systems on the patient database which alerted clinicians to possible prescribing conflicts and other situations which may require separate risk assessment.
- The provider was aware of and complied with the requirements of the duty of candour. The practice 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.

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.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.
- Patients aged over 75 years were offered an annual health check.
- The practice identified patients who may require additional support as TLC patients on their computer system. This flag alerted staff to any special consideration relevant to individual patients.
- A coffee morning had been established to enable elderly patients and local residents to combat loneliness and social exclusion.

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 similar to the local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 96% compared to the CCG and the national average of 89%.
- Longer appointments and home visits were available for these patients 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.

Good



Summary of findings

- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and chronic obstructive pulmonary disorder (COPD) were in place. The practice had clear targets to reduce hospital admissions for respiratory conditions.
- The practice regularly reviewed their Quality Outcomes Framework (QOF) performance to identify if there were any areas which required additional focus, particularly for those patients with long-term conditions.

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.
- 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 had a policy to contact young people on their 16th birthday, to give information about the practice and explain about entitlement to patient confidentiality.
- The practice provided appointments outside of school hours and the premises were suitable for children and babies. Child immunisations were available at any time and not restricted to specific timed clinics.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Safeguarding meetings and information sharing ensured appropriate communication was in place.
- Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, the practice achieved a 94% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 81%.

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).

Good



Summary of findings

- 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.
- Extended hours were provided from 7.30am to 7.30pm on Wednesday and from 8.30 until midday on Saturday. This was especially useful for working patients who could not attend during normal opening hours.
- 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. For example, smoking cessation and weight management.
- The practice actively encouraged patients to attend cancer screening programmes, for example:
- 74% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 77% and the national average of 72%.
- 61% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

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 had a register of carers who were also patients, they had identified 105 patients as carers, which was approximately 1% of their list as carers and offered them flexible appointment booking, health checks and flu vaccinations. The carers lead offered assistance and advice on the different type of support available.
- The practice held a register of patients living in vulnerable circumstances including travellers, homeless people and those with a learning disability. The practice also provided services to a group of travellers registered with the practice.
- The practice was able to recognise how services should be adapted to support the patient's lifestyle. For example, the practice identified patients as TLC special patients who may need additional time in appointments or assistance with mobility or who may have been recently bereaved.
- The practice had designed pictorial letter to invite patients for their annual review and an information leaflet to explain to them what the health check would be like for them.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice had 20 patients registered with learning difficulties and 18 of these patients had received a health check in 2015/2016.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- 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.

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 practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and provided advice and support for patients experiencing poor mental health about how to access support groups and voluntary organisations.
- Performance for mental health related indicators was similar to the local and national averages. 98% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, compared to the CCG average of 85% and the national average of 84%.
- Referrals were made to the IAPT team (Improving Access to Psychological Therapies) and the Wellbeing team members visited the practice weekly.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 100%, compared against the local CCG average of 92% and the national average of 89%.
- 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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff were in the process of completing dementia awareness training.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results were consistently higher than local CCG and national averages.

There were 226 survey forms distributed and 121 of these were returned. This was a response rate of 54% and represented approximately 1.2% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 86% 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 79% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 87% 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 85% and the 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. We received 25 comment cards all of which contained positive feedback about the standard of care received. The practice has a virtual patient participation group (PPG) comprising of 220 patients and we received 19 additional comments from these members.

Staff at the practice were repeatedly described as helpful, knowledgeable and caring and that they treated patients with dignity and respect. Other comments highlighted that staff responded compassionately when they needed help and provided support when required. Some of the comments named individual members of staff as providing exceptional service. Others noted that the staff always made them feel welcome and that appointments were always available.

Two comments noted that it was sometimes difficult to access an appointment on the telephone, whilst one of these comments also reported that they felt the practice offered an excellent service.

We spoke with three patients and members of the PPG, who told us about reviews and improvements to services the practice had undertaken in response to their feedback.

The Friends and Family Test (FFT) is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results for the practice indicated that 88% of respondents would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

Continue to identify and support carers

Springfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Springfield Surgery

Springfield Surgery provides a range of primary medical services to the residents of Brackley and surrounding area. The practice is based in a purpose built medical centre at Springfield Way, Brackley, NN13 6JJ. The practice moved to the site in 1994, the building was extended initially in 1998, to facilitate the development of becoming a training practice, and extended again in 2009. The practice has 11 consulting room and is well equipped with appropriate access arrangements and facilities.

The practice has approximately 9,975 registered patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England. It is a training, teaching and dispensing practice.

The area served falls into the 10th decile and is therefore one of the most least deprived compared to England as a whole.

The practice population is predominantly white British. The practice serves a population group with a demographic broadly similar to the England, but with a higher portion of patients over 45 years of age and a slightly lower proportion between the age of 20 and 39.

The clinical staff team includes five GPs, two GP registrars, three practice nurses, two health care assistants and a phlebotomist. (The practice had three male GPs and four

female). The dispensary has a dispensary manager, and four dispensary assistants. The practice is managed by a practice manager, a deputy manager and an administration, reception and secretarial staff team.

The practice is open from 8am to 6.30pm Monday to Friday. Extended opening hours are provided from 7.30am until 7.30pm on Tuesdays and from 8.30am until 11.30am on Saturdays.

When the practice is closed, out-of-hours services are provided by accessing NHS 111. Information was provided on the practice website and on posters and leaflets available in the practice.

Why we carried out this inspection

We undertook a comprehensive inspection of Springfield Surgery on 30 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services.

The full comprehensive report from the September 2015 inspection can be found by selecting the 'all reports' link for Springfield Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Springfield Surgery on 01 December 2016.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Healthwatch and the local clinical commissioning group to share what they knew.

Detailed findings

We carried out an announced visit on 01 December 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurses, practice manager, operational manager, dispensing manager and staff, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.
- Spoke with members of the patient participation group

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.

- The practice had a significant event policy for staff to follow when reporting incidents and events. The policy was available on the practice computer system for all staff to access and contained an incident reporting form for staff to complete. 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).
- Significant events were initially discussed with the practice manager and relevant staff members and immediate concerns acted upon. All significant events were then reviewed and discussed at the monthly practice meeting that all staff attended. Minutes from these meetings were made and provided a clear record of discussion and action taken.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events on a regular basis.

The practice advised that there had been five significant events in the last year and we reviewed a selection of the completed forms which showed that lessons learnt were noted and shared and action was taken to improve safety in the practice. For example, following an incident outside of the practice where a member of the public had collapsed, staff from the practice attended to provide immediate care and treatment whilst awaiting arrival of the emergency response team. Once the incident had been resolved the practice was able to review how effective its policy and procedure was in a real time situation and recognised that staff were able to respond appropriately and that the procedure worked well. As a learning outcome the practice also decided to add blood sugar test kits to

their emergency pack and to include a 'reflective' element into their protocols, so that their response to each future incident could be formally reviewed and changes made to activities as required.

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. We saw examples where the practice had received alerts and updates and had taken appropriate action. For example, the practice manager reviewed an alert relating to automatic fire doors in the event of an emergency. The manager arranged for an electrician to check the timer on the closing mechanism of each door, to ensure they were within recommended parameters.

Overview of safety systems and process

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. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. 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 for child safeguarding (level 3).
- A notice in the waiting area advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and nursing staff 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 had completed a formal risk assessment for administration staff who acted as chaperones. The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The infection control clinical lead at the practice liaised with the local infection prevention teams as required to keep up to date with

Are services safe?

best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- 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). 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 teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, all dispensary staff undertook continued learning and development.
- Records showed that members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary.
- Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to an annual review.
- Systems were in place to ensure prescriptions were signed and handled appropriately before the medicines were dispensed and handed out to patients.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors.

Incidents were logged efficiently and then reviewed promptly. This helped ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

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 staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills every six months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was also 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). The practice had an effective risk assessment system in place.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff worked additional hours to cover for absences. The practice made use of a mobile phone 'App' in order to make contact with the staff group at times when additional cover was required at short notice, for example to cover sickness absence.

Arrangements to deal with emergencies and major incidents

Are services safe?

The practice had appropriate 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.
- Staff had received annual basic life support training.
- The practice had a first aid kit and accident book and had arrangements in place to access a defibrillator and oxygen with adult and children's masks as necessary. 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. Appropriate staff had a copy of the plan which they held off site. The practice had contingency arrangements in place if the premises were unusable.

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.
- NICE guidelines were discussed at the practice clinical meetings.
- 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 achieved 100% of the total number of points available with an overall exception rate of 10%. This was comparable with the CCG average of 98%, with an overall exception rate of 6%, and the national average of 95% with an exception rate of 6%. (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).

Most recently published data from 2015/16 showed:

- Performance for diabetes related indicators was similar to local and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured in the preceding 12 months) was 5mmol/l or less was 89% with an exception rate of 27% compared to the CCG average of 81% with an exception rate of 14% and the national average of 80% with an exception rate of 13%.
- Performance for mental health related indicators was similar to the local and national averages. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%, with an exception rate of 5%, compared to the CCG average of 92%, with an exception rate of 17% and the national average of 89%, with an exception rate of 13%.

- Performance for dementia related indicators was higher than local and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 98%, with an exception rate of 10%, compared to the CCG average of 87% with an exception rate of 8% and the national average of 84% with an exception rate of 7%.

The practice regularly reviewed their QOF performance to identify if there were any areas which required additional focus. These reviews were discussed at the practice clinical meetings. We saw notes from a meeting where clinical performance was discussed and this included consideration about how services might be improved was encouraged.

There was evidence of quality improvement including clinical audit.

- The practice had undertaken 18 clinical audits in the last two years. Nine of these were completed; two cycle audits, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had completed audits covering lithium prescribing, cervical smears, diabetes and coil implants. Outcomes from audits were shared and discussed across the clinicians at the practice. Improvements included the formation of protocols to monitor drug safety and to create alerts to guide clinicians. The programme of completed audits and those underway at the practice also ensured that patients were treated according to NICE guidelines and were provided with up-to-date care and practitioners were adhering to the latest advice and guidelines.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an 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, nursing staff reviewing patients with long-term conditions had received additional training including diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- 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, informal discussions, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. Staff had received an appraisal within the last 12 months.
- Staff received comprehensive training that included basic life support, chaperone duties, equality and diversity, patient confidentiality and information governance and dementia awareness, safeguarding and fire safety awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a training practice and embraced lifelong Learning. The practice had supported nine current members of staff to obtain a range of qualifications, including Business and Technology Education Council (BTEC), and National Vocational Qualifications (NVQ) and prescribing and minor illness courses.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. We saw that staff had completed relevant training courses covering the Mental Capacity Act and Deprivation of Liberties.
- 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 process for seeking consent was monitored through patient records audits.

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, and alcohol cessation. These patients were signposted to relevant services for support.
- Smoking cessation advice was offered by the health care assistants.

Are services effective?

(for example, treatment is effective)

- The practice had produced an information pack for patients which included leaflets with advice to encourage self centred care and activities in the area.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- 74% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 77% and the national average of 72%.
- 61% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Patients who had not attended for bowel screening were offered an appointment at the practice to discuss the service and its benefits to increase awareness and

acceptance of the screening. The practice had links with local services such as Macmillan cancer support care and displayed information around the practice to encourage patients to attend cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, the practice achieved a 94% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%. For MMR vaccinations given to five year olds, the practice achieved an average of 97% compared to the CCG average of 96% and the national average of 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Patients aged over 75 years were offered an annual health check. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

The practice had created an easy to read pictorial letter and information leaflet for patients with learning disabilities. This assisted the practice when inviting these patients for a health review, to explain treatment and enable the patients to give feedback to GPs and nurses about their care.

The practice offered longer appointments for patients with a learning disability. The practice had 20 patients registered with learning difficulties and 18 of these patients had received a health check in 2015/2016.

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.

We received comments from 19 members of the practice's virtual patient participation group and collected 25 patient Care Quality Commission comment cards. All of the feedback we received from patients who used the service contained positive observations feedback about the service experienced. Patients said they felt the practice provided a good service. Staff were repeatedly described as helpful, knowledgeable and caring. Patients said they were treated with dignity and respect.

The patient's comment highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the active patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said they were treated with respect and their privacy was respected. They were positive about all the staff in the practice and described them as caring and supportive.

Recent results from the national GP patient published in July 2016 echoed the feedback we collected from patients during our inspection.

The outcomes of the survey for the practice were consistently higher than local and national averages for many of the satisfaction scores on consultations with GPs and nurses. For example:

- 95% 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%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% 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 92%.
- 89% 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 the national average of 85%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 95% 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 said they were satisfied with the care they received and thought staff were respectful and caring. They commented they had sufficient time in their consultations to make an informed decision about the choice of treatment available to them and said they felt listened to by the GPs. 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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% 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%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 87% 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 the national average of 85%.

Are services caring?

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.
- The practice had developed a system of picture cards, so that patients with learning disabilities could provide feedback about how they were feeling and if they were happy with treatment.
- There was a hearing loop for patients with difficulty hearing.

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.

There were links on the practice website to the NHS Choices website for patients to access information and further advice on their conditions. 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 105 patients as carers, which was approximately 1% of the practice list.
- The practice had a carers champion who acted as the 'lead' in developing information and awareness about the role of carers across the practice and in promoting services to patients who were carers.

- Carers were offered flexible appointment booking, health checks and flu vaccinations.
- The practice had a carers information board with written information available to direct carers to the avenues of support available to them, including Northamptonshire Carers and Young Carers, Northamptonshire Sunflower Centre supporting victims of domestic abuse, Macmillan cancer care and Age UK.
- The practice was aware of the low number of carers and were actively working to identify additional carers within the practice population.

The practice had a number of initiatives in place to ensure additional support for patients, for example:

- Staff told us that if families had suffered bereavement, their usual GP or a member of the nursing team contacted them. This call was followed by a patient consultation if required and advice on how to find a bereavement support service.
- The practice identified patients who may require additional support as TLC patients on their computer system. This flag alerted staff to any special consideration relevant to individual patients.
- The practice had a policy to contact young people on their 16th birthday, to give information about the practice and explain about entitlement to patient confidentiality.

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 the Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours appointments from 7.30am to 7.30pm on Tuesdays and from 8am to 11.30am on Saturdays. This was especially useful for working patients who could not attend during normal opening hours.
- The practice visited a day care centre for people with learning disabilities and made a presentation about healthy living and healthy lifestyle choices.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Students attending university were able to register as a temporary patient, if required, during the holidays.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A phlebotomy service was provided on site.
- Saturday morning 'drop-in' flu clinics were provided as well as pre-bookable appointments.
- Appointment booking and repeat prescription requests were available online.
- The practice had a 'Facebook' page to disseminate news and updates.
- Translation services and a hearing loop were available.
- The practice had facilities that were suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and all consultation rooms on the ground floor. Baby changing facilities were available.
- Counselling sessions for patients were offered weekly by a visiting Well Being Team.

Access to the service

The practice is open from 8am to 6.30pm Monday to Friday. Extended opening hours are provided from 7.30am until 7.30pm on Tuesdays and from 8.30am until 11.30am on Saturday.

Appointments could be booked up to six weeks in advance. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally higher than local and national averages. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.
- 80% of patients describe their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.

Patient feedback was consistently positive, and patients said they could access appointments when they needed them. Only two comments referred to the appointments system and problems accessing appointments. Other comments indicated that patients felt they could access appointments when they needed them.

The practice had introduced a system of telephone consultations and call triage in order to engage with more patients when they contacted the practice. Requests were reviewed by a GP and the patient contacted by telephone to assess the urgency and need for a home visit. 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk, there were posters in the waiting area and information on the practice website.

The practice had received a number of complaints in the last 12 months. We reviewed a selection of these and found

they were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from the analysis of trends and action was taken to as a result to improve the quality of care. Complaints were also documented as significant events when necessary.

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 vision statement which was displayed in practice. Staff knew and understood the values.
- The vision statement identified that the practice was committed to deliver high quality, patient centred care to the population of Brackley and surrounding areas in a modern, purpose built premises and to provide a safe and supportive place to work for our staff.
- Their Statement of Purpose outlined their aims, that included, to provide the best possible effective, equitable, person family centred care for patients and to ensure that services were easily accessible, efficient and responsive to the individual needs of patients.
- The practice had a five year business plan to drive forward the development and improvement of the practice. Regular business meetings ensured services were monitored planned and managed services in a way which reflected the vision and values of the practice.
- The provider had created systems on the patient database which alerted clinicians to possible prescribing conflicts and other situations which may require separate risk assessment. Similarly, an alert system had been created to support the safe prescribing of methotrexate.

Governance arrangements

The practice had a clear governance framework which supported the delivery of the objectives in the vision statement and statement of purpose. The framework in place for managing the practice ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff, they were implemented equitably and reviewed and updated appropriately.
- A comprehensive understanding of the performance of the practice was maintained by the partners and management team. The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus.

- 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.

Leadership and culture

On the day of inspection the GP partners, with the support of the practice manager, 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 GP and the practice manager was 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 GP partners and management team encouraged a culture of openness and honesty.
- The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, information 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 bi-monthly team meetings and we saw notes from the meetings to evidence this. A range of meetings took place and we saw that the administration team had recently organised their own time together as part of a communication sharing strategy.
- 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. Staff were encouraged to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- The practice had a culture of investing in its staff and supporting them to develop and take on different duties. Staff were supported in accessing accredited training.
- The staff told us that the practice organised social events throughout the year.

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 comments and complaints received.
- The PPG met regularly and the meetings were attended by the practice staff, and the practice manager. The group submitted proposals for improvements to the practice management team.
- We saw minutes from a recent meeting of the PPG which highlighted suggestions and possible improvements to services. The PPG had identified that information displayed in the waiting area might be improved and

suggested that 'themed' notice boards, which were well presented, easy to read and regularly updated would be more visually attractive to patients. The practice agreed and a staff member coordinated regular themes, such as winter flu jabs or carers week.

- The practice had an informative website which provided information about the practice, the services offered and patient survey information. The PPG was advertised on the website and new members, particularly from the younger generation, were encouraged to join.
- The Friends and Family Test (FFT) is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results for the practice indicated that 88% of respondents would recommend the practice. The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions.
- 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.