Towcester Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Towcester Medical Centre on 9 December 2015. 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 with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- 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?

Good

The practice is rated as good for providing safe services. They had an effective system in place for reporting and recording significant events and demonstrated that they ensured lessons were shared and actions were taken to improve safety in the practice. They had an open and honest approach to when things went wrong and carried out investigations appropriately, shared outcomes and apologised to patients when necessary. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse and included having individuals responsible for specific areas of the practice. Risks to patients were assessed and well managed and regularly reviewed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. The practice carried out regular clinical audits which demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment in line with current evidence based guidance. There was evidence of appraisals and personal development plans for all staff and training for staff was monitored and well co-ordinated. Staff worked with multidisciplinary teams and the local community to understand and meet the needs of the practice population, including schools and care homes.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for all aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We observed that staff treated patients with kindness and respect, and maintained confidentiality and the practice demonstrated a commitment to and understanding of the issues affecting patients in the community.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. For example, the practice hosted the INR clinic for patients in the area

Summary of findings

and they also had GPs with special interests and were looking to develop cardiology services closer to home. (The INR is a clinic for patients who require lifelong monitoring of bloods for anticoagulation therapy)

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It 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 practice was aware of and complied with the requirements of the Duty of Candour and the partners encouraged a culture of openness and honesty. They had systems in place for ensuring awareness of all safety incidents occurring in the practice and robust systems for managing all risks.

The practice proactively sought feedback from staff and patients, which it acted on and the patient participation group was active and valued. There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

Good

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.
- Staff were trained in various long term conditions and the practice achieved good outcomes for patients in this group.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. Postnatal checks were offered for new mothers and the practice offered a cervical screening programme in line with national guidance.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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. The practice also used social media such as Twitter and Facebook to advertise health promotion messages.

People whose circumstances may make them vulnerable

Good

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.
- It offered longer appointments for people with a learning disability and engaged with the special educational needs co-ordinator at the local school.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.
- They had a triage service for patients requiring immediate help.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- 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 annual mental health reviews and referred to the wellbeing teams and community mental health team when required.
- It 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.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient published in July 2015. The results showed the practice was performing above the local and national averages in all areas of the survey. There had been 264 surveys distributed and 125 completed and returned representing a 47% response rate.

Patients' responses regarding their experience of making appointments, getting through on the telephone, waiting time following their arrival at the practice and helpfulness of the staff demonstrated a high level of satisfaction with the service. For example:

- 87% found it easy to get through to this surgery by phone compared to the CCG average of 71% and the national average of 73%.
- 92% found the receptionists at this surgery helpful compared to the CCG average of 85% and national average 87%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 85%.
- 97% said the last appointment they got was convenient compared to the CCG average of 92%, national average 92%.
- 81% described their experience of making an appointment as good compared to the CCG average of 72% and national average 73%.
- 73% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. .

We spoke with seven patients during the inspection. All patients reported high levels of satisfaction with the care they received and commented specifically on the helpful, friendly staff and excellent care and support they received from GPs and nurses. They also told us they were kept well informed regarding their conditions and treatment and that follow up treatment was good after referral to the hospital.

Towcester Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Towcester Medical Centre

Towcester Medical Centre provides primary care medical services to a practice population of approximately 8,270 patients living in Towcester and the surrounding areas. It also operates from a branch surgery in Paulerspury approximately four miles away. Services are provided under a general medical services contract (GMS) from a two storey building and all consulting rooms are on the ground floor.

It is a training practice, which has six GP partners who employ three GP registrars, three practice nurses, one health care assistant, two phlebotomists and a practice manager, who are supported by a team of administrative and reception staff. A GP Registrar or GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice.

The main practice is open on Monday, Wednesday and Friday from 8am until 6.30pm and on Tuesdays and Thursdays from 8am until 8.30pm offering later appointments for those patients who cannot attend the surgery during the daytime. The branch practice at Paulerspury opens from 8am until 12 noon and 3pm until 6.30pm from Monday to Friday and provides a pharmacy dispensing facility to approximately 2,500 patients. The practice population has a higher than average number of patients in the 40 to 65 year age group and 10 to 20 year age group and data shows that the area is not one with high levels of deprivation.

When the practice is close out of hours services are provided by Integrated Care 24 via the 111 service.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

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?

Detailed findings

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before inspecting the practice, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our inspection we spoke with a range of staff, including the practice manager, GPs, nurses, the pharmacy dispenser and reception and administrative staff. We also spoke with the chair of the patient participation group as well as patients who attended the practice that day and we observed how staff assisted them during their visit. We asked patients to leave comment cards and share their views regarding the practice and the service they received and these were also reviewed during our inspection.

Good

Are services safe?

Our findings

Safe track record and learning

We saw the practice had an effective system in place for reporting and recording significant events and evidence that these were being reported and outcomes used appropriately to ensure learning took place to prevent recurrence. Staff explained the process and demonstrated involvement and learning from incidents and showed us how they were recorded, analysed and shared.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw how the procedure for calling for patients for fasting blood tests had been changed as a result of patients fasting inappropriately. We saw minutes from meetings which showed significant events were discussed.

We saw that the practice carried out an annual review significant events to determine if any themes were evidence and noted that all events showed the relevant recording of analysis and actions taken. Staff confirmed that the practice had an open and honest approach to dealing with when things went wrong and a commitment to improvement and learning.

Overview of safety systems and processes

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

- Robust 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 safeguarding and all staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. There was an administration lead for safeguarding children and vulnerable adults who supported the GP lead. Multi-disciplinary team meetings were held monthly and were attended by the GP and administration lead, community nurses, health visitors, school nurses, the safeguarding midwife, practice nurses and the practice manager. Minutes were recorded and stored on the practice intranet and sent to all attendees. Any actions that arose from the meetings were documented in the patient's electronic record and a notification sent to the individual GP for attention. There was an alert used on the system to identify patients with safeguarding concerns. The practice also used a vulnerable family support code to identify families who may require additional support from the health visitor or school nurse.
- The practice told us that nurses were available to act as chaperones as well as some administrative staff and reception staff. All staff who acted as chaperones had been trained and were able to describe their actions and responsibilities when performing the role and all had had DBS checks carried out. (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). We noted there were no signs in the practice informing patients that a chaperone was available. However, patients we spoke with confirmed they had been offered a chaperone when necessary. Following our inspection the practice manager confirmed that signage had now been displayed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. They had carried out infection control audits and identified and addressed areas which required action. There was an infection control protocol in place and staff had received up to date training. Areas still outstanding had been brought to the attention of the practice manager for ongoing actions to be implemented. A non-touch technique was used by reception staff when handling specimens and gloves were available for them to use if required. Spillage kits to deal with the spillage of bodily fluids such as urine and blood were available for all staff to use.
- 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. The practice demonstrated they had robust systems regarding governance and assessment of risk in all areas including medicines management. They carried out regular audit of dispensary procedures and identified a potential risk in one of the procedures. The practice told us they had discussed this with the prescribing advisors and were seeking a solution. Following our inspection the practice met with the CCG prescribing advisors and agreed a new system for dispensing repeat prescriptions at the branch surgery. They submitted evidence to demonstrate this had been approved and introduced by the practice. Prescription pads were securely stored and there were systems in place to monitor their use in the main surgery, although we noted at the branch surgery there was one box of prescriptions stored in an unlocked cupboard. Following our inspection the practice manager informed us that these were now stored in a locked box and provided evidence that this was the case. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.

- We reviewed three personnel files and found that 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. The practice had up to date fire risk assessments and carried out regular fire drills every six months. We noted that the fire alarm was not tested weekly, but following our inspection the practice manager told us they had implemented weekly checks. We saw that all electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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 particular bacteria which can contaminate water systems in buildings.
- 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.

- Staff told us that panic buttons were available on the desktop of all computers and they could describe the action they would take in the event of an emergency.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. All staff we spoke with were aware of the location of the emergency equipment and drugs and could explain their actions in dealing with an emergency.
- 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. All staff were issued with an Emergency Cascade Contact Card that contained details of the appropriate person to contact in the case of an emergency that affected the running of the service.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs. We saw that they had been discussed at clinical meetings and staff we spoke with confirmed this happened. We saw an example, where the latest guidance for two week gastro-intestinal and lung cancer referrals had been discussed.

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- The practice monitored that these guidelines were followed through risk assessments and we saw audits that had been carried out in response to best practice guidance and changes made where necessary.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 98% of the total number of points available.

Data from 2014/15 showed that performance in almost all areas was above the CCG and national average. This included disease areas such as chronic obstructive pulmonary disease (COPD), asthma, hypertension, epilepsy and dementia where maximum points had been achieved.

Clinical audits demonstrated quality improvement and we saw the practice had carried out several clinical audits in the last two years. We saw completed audits with two cycles where the improvements made were implemented and monitored. For example, in areas of antibiotic prescribing, intra uterine device usage and dermatology. The practice also told us they participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed members of staff that 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, nurses had undertaken diploma training in chronic disease management such as chronic obstructive pulmonary disease (COPD) and other additional training in diabetes management, administering vaccinations and taking samples for the cervical screening programme.

- 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 these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months that identified areas for development, these included reception staff being given the opportunity to train as dispensers.
- Staff received training that included areas such as safeguarding, fire procedures, basic life support and information governance awareness, equity and diversity, dementia awareness and first aid. Staff had access to and made use of e-learning training modules and in-house training. The practice also had access to a hot topic webinar which provided another opportunity for staff to keep up to date with the latest guidance.

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. Reports regarding patients who attended the out of hours services were received electronically and systems were in place to ensure that any

Good

Are services effective?

(for example, treatment is effective)

actions were dealt with in an appropriate and timely manner by the correct member of staff. The practice also shared relevant information with other services in a timely way, for example, when referring people to other services.

Staff worked together and with other health and social care services such as health visiting, midwifery and school nursing to understand and meet the needs of the different patient groups within the practice population and to assess and plan ongoing care and treatment. This included when people moved between services, and when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA) and had undertaken MCA training.

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, where appropriate, recorded the outcome of the assessment. The practice followed relevant national guidance and had a process in place for seeking consent which met the practices responsibilities within legislation. We saw examples of where consent had been sought and recorded in free text on the patients' records.

Health promotion and prevention

The practice identified 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 requiring advice regarding their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service, which included referral to gym and weight management support groups and smoking cessation support.

The practice had nurses trained in carrying out cervical screening and operated the service in line with recommendations of the national screening programme, ensuring appropriate follow up of non-attenders. The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 100% and five year olds from 94 % to 100%. Flu vaccination for the over 65s who met the criteria were offered and we saw that the practice proactively promoted this.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. We noted that staff assisted patients with mobility problems and took time to help them to their seats in the waiting area. Curtains were provided in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff told us they had access to a separate room if patients wanted to discuss sensitive issues or appeared distressed.

All of the 19 patient CQC comment cards we received were positive about the care received by the staff at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with the chair of the patient participation group. A patient participation group (PPG) is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us the practice engaged well with them and were receptive to suggestions. They held monthly meetings which were attended by the practice manager. They agreed an activity plan with patients and the practice and agreed what they would focus on in the coming year. They told us that GPs attended meetings when invited and were open to suggestions. The practice had reviewed their appointment system in response to a patient survey and communicated to patients that appointments were available for urgent issues. The PPG and the practice had identified there was a lack of younger representatives on the PPG and as a result had written to local secondary schools to raise awareness and had recruited a new young member to the PPG. They had also established links with Northamptonshire Carers Association and were working to gain accreditation to provide support for carers. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and the results from the national patients survey aligned with these views.

The results from the national patient survey published in July 2015 reported that the practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 85% and national average 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 94%, national average 95%.
- 90% 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 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%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that 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. Patients had specifically referred to feeling well supported and treated with their long term condition and reported easy access to their GP and that they were reviewed frequently and involved in changes in their care.

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. For example:

Good

Are services caring?

- 93% 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%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

We saw notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. There was a carer's lead within the practice who sent carer's packs to all identified carers, these contained contact numbers of support organisations. Carers were identified in many ways including by the nursing staff when they were reviewing patients with long term conditions, by notices added to patients' prescriptions asking if they were a carer and notices in the patient waiting area. Carers were offered additional support including flexibility with appointment booking and the offer to arrange for a carer from the Northampton Carers association to look after their relative/ person cared for whilst they attended appointments for themselves. They were also encouraged to have an annual flu vaccination.

We saw the practice had a death review register where all patient deaths were recorded which showed their named GP and where the patient died. These were discussed and the relevant action determined by the named GP regarding what support or signposting to organisations may be required.

Good

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 hosted the INR clinic for patients from the local area to prevent the need to attend the local hospital. The INR clinic is a clinic for patients who require lifelong monitoring of bloods for anticoagulation therapy).
- The practice were also looking at how some cardiology services could be provided closer to home.
- The practice offered evening appointments until 8.30pm on Tuesdays and Thursdays for those patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and separate waiting area was available which provided a quieter environment with less stimulation. There were also longer appointment for other patients who required them such as the elderly and those with multiple complex long term conditions.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent same day appointments were available for any patients who needed to see a GP without delay.
- There were disabled facilities and translation services available and a wheelchair in the reception area for patients who needed it.
- Flexibility for carers to book an appointment at a convenient time.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12 noon every morning except Fridays when they were available from 9.30am until 12 noon. Afternoon appointments were available from 3.30pm until 6.30pm daily. Extended hours surgeries were offered on Tuesdays and Thursdays from 6.30pm until 8.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them on the day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the local and national averages. People told us on the day that they were able to get appointments when they needed them and comment cards we received also confirmed this view.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 74%.
- 87% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average 73%.
- 81% of patients described their experience of making an appointment as good compared to the CCG average of 72% and national average 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average 67% and national average 65%.

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, although we noted there was no reference to the Ombudsman if patients were not satisfied with the outcome of their complaint. However, following our inspection the practice manager amended the information available to patients to include this and submitted evidence to confirm this had been done. There was a designated responsible person who handled all complaints in the practice.

We saw that the practice had received 19 complaints since April 2015. We looked at these and saw they had been handled and responded to appropriately in a timely way and these were discussed with staff at meetings. We saw that patients had received apologies where necessary and that the practice demonstrated an open and transparent approach to complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice had analysed complaints for the previous years to determine if there were any common themes.

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. All staff we spoke with were clear regarding the focus and values of the practice and their aspirations to provide personalised care to meet the needs of patients in the local community and establish good links with other professionals and local groups.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored through partners meetings.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and GPs with specific expertise skills were identified and their skills used to promote additional services for patients such as dermatology and cardiology.
- Practice specific policies were implemented and were available to all staff which were kept up to date and staff were aware of them and how to access them.
- All staff were aware of the performance of the practice and were kept informed of any areas where additional work was required to improve outcomes for patients.
- A programme of 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, openness and transparency

The partners in the practice demonstrated a cohesive approach and commitment to lead and develop services within the practice to achieve their vision to provide safe, high quality services and compassionate care. Staff told us the partners were approachable and they could talk to them at any time regarding concerns or issues and that they felt listened to and supported.

We saw from examples of how the practice had dealt with complaints, significant events and areas of potential risk that the practice complied with the requirements of the Duty of Candour. Staff told us that the partners and practice manager encouraged a culture of openness and honesty. The practice had systems in place for receiving and actioning notifiable safety incidents together with a range of other mechanisms to address risk.

We noted from complaints and significant event audits, that the practice notified patients and provided appropriate explanation and support when things had gone wrong in the practice as well as an apology when necessary.

There was a clear leadership structure in place and staff felt supported by management. There was a GP lead for clinical governance and other different areas within the practice such as prescribing and safeguarding.

- Staff told us that the practice held regular team meetings. Reception and administration staff had monthly meetings, which was followed by a meeting for those staff who were also dispensers. Staff were offered the opportunity to add items to the agenda if they had anything they wished to discuss. Minutes of these meetings were circulated to all staff via email.
- Staff told us that 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice which was further enhanced by good communication mechanisms implemented by the practice manager. Staff were involved in discussions about what happened in the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice held regular meetings with staff, partners and other members of the primary health care team. They also met monthly with the local CCG to discuss progress and new developments in the area. They had established good links with the local schools and community groups and care homes and displayed art work in the practice from the sixth form at the local school.

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

Are services well-led?

Good

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

- 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. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- There was an active PPG which met monthly, carried out patient surveys and developed and submitted an activity plan with suggested improvements to the practice as a result of patient feedback and information from the practice. There was also a virtual PPG who communicated their views via email. We spoke with the chair of the PPG who reported that the practice was open to suggestions from the PPG and worked will with them. For example, the PPG carried out awareness campaigns for issues such as prescriptions and pharmacy facilities. They told us the practice listened to the views of the patients and responded positively to suggestions for improvement of services.
- They used social media sites such as Twitter and Facebook to share information about the practice activities. We also noted that the practice had made contact with the local school to share information about the PPG in order to gain membership from a younger age group, which had resulted in a young person joining the group.

The practice had also gathered feedback from staff through annual appraisal and regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and were encouraged to contribute to ideas for improvements in the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice team and provided support and mentoring to doctors training to be GPs and medical students. They provided debriefing sessions at the end of each surgery for registrars and teaching sessions. The practice was forward thinking and demonstrated a keenness to become involved in local pilot schemes and involve the local community to improve outcomes for patients in the area. For example, they had links with the special educational needs co-ordinator from the local school. There were several GPs with special interests in areas such as sports medicine, dermatology, family planning and cardiology. They also had a lead GP responsible for medical research projects and medical students.

We noted that the practice had encouraged development of staff through roles in the practice. We saw examples of how staff had developed from administrative roles to a clinical role through training and support and this had been encouraged. The practice manager had also introduced exit interviews when staff left to identify any potential learning points.