

Moulton Surgery

Quality Report

120 Northampton Lane
North Moulton
Moulton
NN3 7QP
Tel: 01604 644126
Website: www.moultonsurgery.co.uk

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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 Moulton Surgery on 25 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, they had produced a comprehensive quality monitoring policy with positive engagement and consultation with patients, relevant local services, local Federation of GP services and Northamptonshire Clinical Commissioning Group (CCG). The policy covered all aspects of the practices work, including assisting patients in making informed plans about end of life care, cancer referrals and a proactive approach to monitoring and review of high risk medication.

Implementation of the policy had been rolled out across the area at meetings with patients and other residents in the area to help raise awareness of healthy lifestyle choices.

- The practice had a branch on the campus of Northampton University since 1973. The make-up of the practice population at Moulton Surgery is influenced by the approximate 3,500 students who register whilst they study at Northampton University and Moulton College.
- Feedback from patients about their care was consistently positive. We received 46 comment cards completed by patients. All of the cards contained positive feedback about the quality of care and the compassion of staff who delivered services.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice had built and maintained effective positive relationship with the parish council with representatives from the council also serving on the Practice Patient Participation

Summary of findings

Group. The practice was fully involved in consultation, planning, design and development of a new Health and Wellbeing centre to meet growing demand of the increasing population.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, feedback from local patient surveys supplemented findings from the annual national GP patient survey was presented to partners and all staff meetings.
- We saw clear evidence that patient feedback drove improvements to the practice. The practice has worked with other agencies to help address social exclusion for example they had facilitated a 'healthy walking' group, had obtained an allotment plot and supported a voluntary car driver scheme to help patients attend the practice or for other health related needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

- The practice had produced a comprehensive vision for the development and implementation of a Health and Wellbeing strategy for the residents of the village and surrounding area.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. A three year business plan and strategic development plan had been developed and produced to guide the direction and growth of the practice as it prepared to move in to new purpose centre.
- Strategic planning was at the core of development work for the delivery of excellence to patients by staff who were encouraged and supported to embrace opportunities for their own personal improvement.

We saw one area of outstanding practice;

- The practice had created a Proactive Care Scheme for patients entering the palliative care phase of their illness and for patients resident in a local nursing care home. This scheme encouraged a multidisciplinary and collaborative approach and evidence showed this had a positive impact on the care patients received.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was a comprehensive and effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation, with outcomes appropriately shared with staff at practice-wide meetings.
- All staff understood their responsibilities to raise concerns and to report incidents or 'near misses'. GPs and managers actively encouraged staff involvement and engagement in the process.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Information about safety was highly valued and was used to promote learning and improvement. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Risks to patients were rigorously assessed and well managed. The practice had a zero tolerance of all forms of abuse including for their staff as well as patients.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Monthly safeguarding meetings with multiagency participation. Safeguarding policies reviewed and update with external agency input and multiagency information sharing protocols.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 99.8% of the total points available to them, for providing recommended care and treatment to their patients.
- 81% of patients said they would recommend the practice to someone who moved to the area, compared to the CCG average 78% and national average 80%.

Summary of findings

- Our findings at inspection showed that there were systems to ensure that all clinicians were up to date with National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- The practice was engaged in an ongoing programme of clinical improvement, including audits, which demonstrated a commitment to quality improvement, professional development and patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was actively encouraged and supported across all staff roles.
- There was clear evidence of appraisals and personal development plans for staff. All staff, clinical and administrative, were encouraged and supported to engage with personal development and training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways.

Are services caring?

The practice is rated as good for providing caring services.

- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. Practice staff reviewed the needs of its local population and engaged with NHS England and Nene Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the national GP patient survey showed that outcomes were broadly in line with local and national averages for most aspects of care, with some outcomes higher and some marginally lower. For example,
 - 90% of patients at the practice said the last GP they saw or spoke to was good at listening to them; this was higher than the CCG average of 88% and national average of 89%.

Good



Summary of findings

- 84% of patients at the practice said the last GP they saw or spoke to was good at giving them enough time; this was lower than the CCG average of 86% and national average of 87%.
- Patients consistently reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff facilitated and supported the patient participation group with coffee mornings which encouraged information sharing and reduced social isolation. Staff were engaged with innovative service development ideas and shared learning was supported across the practice.
- 91% of patients described their overall experience of the practice as good; this was higher than both the local CCG average of 84% and the national average of 85%.
- Feedback received from patients from the completed CQC comment cards was consistently positive. Patients told us they were impressed by the professional attitude and caring approach of the staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example, 79% of patients stated the GP they saw was good at involving them in decisions about their care. This was comparable with both the local CCG average of 81% and the national average of 82%.
- We observed a strong patient-centred culture, where staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, the practice implemented a comprehensive review of end of life preferences for all patients on a palliative care register and identified that 82% of patients on the register died in their preferred place, compared to a national average of 76%.
- The practice had identified 207 patients registered as carers, which represented approximately 2.6% of the non-university patient practice list. A carers 'champion' was to continue the work to identify and support patients who were carers. The practice had been recognised with the Northamptonshire Carers Bronze award.

Summary of findings

- The practice had created a 'veterans' register for former members of military services, with 107 on the register. The practice provided information and raised awareness of services and support available.
- 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 being responsive to people's needs;

Good



- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. Practice staff reviewed the needs of its local population and engaged with NHS England and Nene Clinical Commissioning Group to secure improvements to services where these were identified.
- 87% of patients said the receptionists at the practice were helpful, compared to the CCG average of 86% and a national average of 87%.
- 73% of patients described their experience of making an appointment as good, compared to the CCG average and the national average of 73%.
- Patients could access appointments and services in a way and at a time that suited them. Urgent appointments were available the same day, with pre-bookable appointments with the health care assistant, nurses and GPs available up to four weeks in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A phlebotomy service was provided at the practice so that patients did not have to attend the local hospital.
- 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.
- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. The practice had created a database of all local health related activity groups in the locality, for example, 'Fit Mums'

Summary of findings

exercise groups, Activities for Over 60's, including indoor bowling and Walking Football. A social prescribing project had been formed with external funding with a focus to address social exclusion.

- The individual needs and preferences of people with a life-limiting condition, including patients with a condition other than cancer and patients living with dementia, were central to their care and treatment. For example, the practice supported patients who wished to continue living at home by working with local agencies, church groups and the parish council.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, recognising that the area was having a high number of new residents due to housing developments the PPG in conjunction with the parish council created and distribute a "Welcome Pack" for all new residents to introduce them to the village, the facilities and amenities available.

Are services well-led?

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

- The practice had a clear vision, and detailed patients charter, 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 regularly reviewed and discussed with staff.
- The practice had produced a comprehensive vision for the development and implementation of a Health and Wellbeing strategy for the residents of the village and surrounding area.
- High standards were promoted and owned by 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. Staff told us that they felt empowered to make suggestions and recommendations for the practice.
- 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 and mitigate risk. Governance and performance

Good



Summary of findings

management arrangements had been proactively reviewed and took account of current models of best practice. For example, the practice had embraced a 'coaching culture' and had sought to invest in staff development at all levels across the practice.

- 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 partners meeting had access to local and national performance data and regularly compared performance against relevant benchmarks services and standards.
- 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 which positively influenced practice development. Members of the PPG would actively encourage formal and informal feedback from patients so that the practice could take steps to address any concerns at an early stage. For example, feedback about telephone access in the early morning was mentioned and the practice took steps to increase the number of available telephone lines and put in place arrangements for staff to be temporarily relocated to answer calls at peak times.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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.

Good



- 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. GPs were able to offer home visits to those patients who were unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible. Performance was regularly monitored and there was a Bereavement Protocol.
- GPs made home visits to elderly patients and ensured that patients' medicines were reviewed regularly and where possible other routine tests were undertaken without the need for patient admission to hospital.
- Patients in this group had access to a dedicated telephone number at the practice, for use in an emergency.
- The practice undertook weekly ward rounds at a local care home for 60 residents. The practice worked with pharmacists and care home staff to create integrated services between health and social care.

People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check their needs were being met. For those patients with the most complex needs, the named GP worked closely with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had clear protocols in place to support the treatment of patients with long term conditions. The practice held records of the number of patients with long term conditions. These patients were seen at the surgery on a regular basis and invited to attend specialist nurse-led clinics as appropriate.
- The practice offered longer appointments to these patients and home visits were available when needed.
- Effective arrangements were in place to ensure patients with diabetes were invited for a review of their condition, with

Summary of findings

dedicated clinics provided by trained staff. For example, 98% of the patients on the diabetes register had an influenza immunization in the preceding 01 August 2015 to 31 March 2016, compared to local CCG average of 96% and national average of 95%.

- 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 objectives to reduce hospital admissions for respiratory conditions. 122 patients on the COPD register of which 117 patients had received an annual review. The practice had taken part in the formation and supported a COPD choir for patients.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had 20 patients on its Proactive Care Scheme, under which all patients entering the palliative care phase of their illness are designated on the practice system so that all staff are aware of their 'Special Patient' status and services are prioritised for their care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who 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 provided appointments outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice delivered health talks at local schools and university student to raise awareness of lifestyle choices.
- Chlamydia screening was offered to all patients under 25 years of age. Take up of this reflected an appropriate focus on sexual health for a practice with a high student population with Moulton surgery completing 320 screens during 2015-16.
- Immunisation rates for standard childhood immunisations were higher than local CCG and national averages. The practice provided flexible immunisation appointments.

Good



Summary of findings

- The practice supported a number of initiatives for families with children and young people, for example the practice offered a range of family planning services.
- Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. Positive links with the community midwife team and liaison with health visitors formed a positive and collaborative approach.
- 82% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, was in line with the local CCG and the national average of 81%.

Working age people (including those recently retired and students)

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

- The practice had adjusted the services it offered to ensure that appointments were accessible, flexible and offered continuity of care. Extended opening hours are available until 8pm on Thursday evenings and between 8am and 11.15am each Saturday.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40 - 74 years.
- A full range of health promotion and screening that reflected the needs of this age group, for example smoking cessation and weight management.
- 68% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- 83% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 77% locally and 73% nationally.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances. For example, a number of patients registered at the practice were homeless people and the practice was able to recognise how services should be adapted to support the patient's lifestyle. The practice provided dedicated GP services to residents at a homeless hostel.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice had 32 patients registered with learning difficulties and 20 of these patients (66%) had received a health check in 2015/2016. The practice had made regular and repeated attempts to contact the remainder of the patients and had offered additional support to enable them to attend.
- The practice had recorded 207 carers on their register, which was approximately 2% of the total patient list, and had generated positive links with carers and community groups. A member of staff had taken on the role of carers champion. The practice held the Northamptonshire Carers Bronze Award since 2015 and further development work was planned, including an application for the Carers Silver Award.
- The practice regularly worked collaboratively with other health care professionals in the case management of vulnerable patients.
- The practice had a system in place to identify patients with a known disability, with staff able to create a 'flag' on the patient's record. This ensured appropriate consideration was given to decisions about the patients circumstances.
- 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 and the protocol to follow for reporting concerns.
- 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. For example, the practice held weekly meetings to discuss patients who had not attended their appointment to follow up on any concerns as a result.

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.
- The practice provided dedicated GP services to two specialist mental health units in the county.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had received training in dementia awareness.

Good



Summary of findings

- 78% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to the local CCG average of 87% and the national average of 84%.
- For patients on the dementia register, the practice had a lead member of staff with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Staff had received dementia awareness training.
- The patient participation group was leading plans for a local initiative to raise awareness of 'dementia friendly' options, within the practice and externally with community leaders.
- The practice had supported patients experiencing poor mental health about how to access support groups and voluntary organisations, with links to support services, such as counselling and referrals to the Improving Access to Psychological Therapies service (IAPT).
- 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 92%, compared against the local CCG average of 91% 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.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was consistently performing higher than both local and national averages.

A total of 294 survey forms were distributed and 108 were returned. This was a 37% response rate and represented approximately 1% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the local CCG average of 70% and the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 74% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to local CCG average of 84% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 78% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 completed comment cards. All of the

comment cards were positive about the standard of care received. Patients said services were provided in a professional and courteous manner. Staff were described as very caring, attentive and knowledgeable.

A number of the comment cards identified named members of staff who had provided exceptional care and attention. Some of the comments were from patients who had recently registered with the practice, whilst others had been registered for many years and others were students at the University branch location.

We spoke with eight patients and members of the Patient Participation Group (PPG), who told us about reviews and improvements to services the practice had undertaken in response to their feedback. The PPG has 18 members and had produced an annual report which identified priorities and work undertaken. For example, the PPG had identified feedback from the local residents that information about clinics and additional patient services could be highlighted. The practice and the PPG participated in the Moulton village festival, with a stall at which staff attended and provided information and leaflets to attendees. A virtual PPG has also been formed with five members, who were able to respond and provide feedback online or via email.

Results from recent Family and Friends Test (FFT) showed that 96% of patients would recommend the practice.

Moulton 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 advisor.

Background to Moulton Surgery

Moulton Surgery provides primary medical services and dispensing facilities to approximately 11,282 patients in Moulton and surrounding villages. Services are provided on a Personal Medical Services (PMS) contract (a PMS contract is a locally agreed contract with NHS England). The practice is part of the Nene Clinical Commissioning Group (CCG).

Services are delivered to patients from one registered location, 120 Northampton Lane North, Moulton NN3 7QP. The practice has been based in a purpose built health centre since 1965, which has been extended and developed due to expansion of the practice list size over a number of years. Services have also been provided at a branch surgery, located in the campus of Northampton University since 1973.

The make-up of the practice population at Moulton Surgery is influenced by the approximate 3,500 students who register whilst they study at Northampton University and Moulton College.

The practice had fewer than average patients in the age range 55 years and under than average. The practice had 7% of patients under the age of 14 years compared to CCG and England average of 12%.

The area is recorded as being in the 'third least deprived decile' and therefore falls in an area of the lower than

average deprivation. According to national data, life expectancy for male patients at the practice is 79 years, which compares to the CCG and the national England average of 79 years. For female patients life expectancy is 84 years, compared to the local CCG and the England average of 83 years.

The on-site practice team consists of five GPs (three female GPs and two male GPs), one nurse practitioner, two practice nurses, two health care assistants and phlebotomist (all female). The dispensary team comprises a supervisor and two assistants. The practice manager is supported by an administration team and patient support advisors provide reception, telephone, and administrative functions.

The practice is open from 8am to 6.30pm, Monday to Friday. Extended opening hours are available until 8pm on Thursday evenings and between 8am -11.15am each Saturday, except on bank holiday weekends. Appointments on Saturdays are generally for pre-booked appointments and are focussed for patients who are commuters or those with work commitments who are unable to attend an appointment during normal office hours.

Appointments with a GP, nurse or health care assistant are available during those times. Appointments are bookable up to four weeks in advance. Emergency appointments are available daily.

When the practice is closed, 'out-of-hours' services are provided via the NHS 111 service. Information about the out-of-hours services is available in the practice waiting area, on the practice website and on the practice telephone answering service.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager and patient service advisors. We also spoke with members of the Patient Participation Group and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- 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.

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

The practice had an effective system in place for reporting and recording significant events.

- Staff fully understood their responsibilities to raise concerns and report incidents and near misses. Staff we spoke with told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. GPs and managers actively encouraged staff involvement and engagement in the process.
- There was a comprehensive and effective system in place for reporting and recording significant events. The incident reporting form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. Lessons learnt were shared to make sure action was taken to improve safety in the practice. Learning was based on a thorough analysis and investigation, with outcomes appropriately shared with staff at practice-wide meetings.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Information was received into the practice by the practice manager and cascaded to clinicians. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, we saw that when an alert was issued highlighting concerns about a particular model of defibrillator, the practice manager reviewed serial numbers of equipment held at the practice and confirmed that it was not within the affected range. Information was reported to partners meetings and appropriately risk assessed and recorded.

The practice had a thorough and comprehensive incident review process, which included investigations to establish the reasons behind any problem or situation. Staff engagement was positively encouraged and the practice and provider worked hard to establish an open and inclusive approach to these reviews.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to the appropriate level to manage child protection or child safeguarding, GPs were trained to level 3.
- Patients who did not attend for appointments were reviewed and if appropriate information or concerns shared in line with multiagency information sharing protocols to ensure that relevant and up-to-date information about patients' circumstances was available to appropriate agencies.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in

Are services safe?

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.

- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- During our inspection we checked the emergency medicines in the practice and found all the stock to be within manufacturers' expiry dates. The practice had systems in place to check the security and storage arrangements for medicines.
- 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 comprehensive systems in place to monitor their use. .
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which ensure through monitoring of practices to provide quality services to patients of their dispensary.
- There was a named GP responsible for the dispensary. All members of staff involved in dispensing medicines had received appropriate training and their competence was checked regularly by the lead GP.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). in addition to annual reviews of these procedures we also saw evidence of reviews in response to incidents or changes to guidance..
- Systems were in place to ensure prescriptions were signed 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 make sure 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. These were stored securely and access to them was restricted.. There were appropriate 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.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were in place as necessary.
- The practice manager had a comprehensive and thorough approach to staff recruitment and followed NHS 'Safer Recruitment' guidelines and best practice.

Monitoring risks to patients

The practice had procedures in place for monitoring and managing risks to patient and staff safety, for example;

- The practice had completed a legionella risk assessment and an inspection had been undertaken on their behalf by an external, accredited company. The practice took action to ensure suitable checks were carried out, for example, regular testing and recording of hot water temperatures. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- The practice had up-to-date fire risk assessments, which included a log of the fire alarm tests and routine staff fire training. Members of staff had been identified as fire wardens or marshals to assist in any evacuation or test situation.
- There was a health and safety policy available along with a poster in the staff communal areas which included the names of the health and safety lead at the practice.

Are services safe?

- Appropriate health and safety risk assessments had been completed, along with electrical equipment testing to ensure the equipment was safe to use. Clinical equipment was checked and calibrated routinely to ensure it was working properly.
- The practice had effective systems in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs, including, for example arrangements to ensure the appropriate management of planned staff holidays. Staff members were flexible and covered additional duties as and when required.

Overall, we found that the practice had a comprehensive and detailed system for identifying and assessing risks. This allowed the partners to identify and assess risk across a broad range of functions and activities. Regular updates were provided to the partner's business meetings for discussion.

Arrangements to deal with emergencies and major incidents

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had access to a defibrillator, a risk assessment had been undertaken to establish that access was freely available for all staff. Emergency oxygen was available with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location, should they be required. 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. The plan was accessible by partners and managers off site and out of normal working hours, should it be required.

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 thorough and embedded systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice worked with the local CCG pharmacist, who attended clinical meetings at the practice, to improve the efficiency of medicines management and prescribing.

The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and followed CCG referral guidelines and analysed CCG information in relation to their practice population. For example, the practice received information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and public health data. They demonstrated this information was used to plan care to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

The practice had undertaken 1,829 visits to housebound patients in the previous 12 months. This represented 23% of the non-university patients. The practice considered that this had impacted on the reduced number of hospital admissions recorded.

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 99.8% of the total number of points available, which was higher than the local CCG average of 97.6% and national average of 95.3%.

The practice achieved this result with an overall exception reporting rate of 3.8%, which was lower than local and national averages of 6.2% and 5.7% respectively. Exception rates for individual indicators was consistently below local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had a thorough and comprehensive exception policy and procedure which clinicians were aware of and the examples we reviewed had been managed and recorded appropriately in accordance with the policy.

Data from 2015/2016 showed:

Performance for diabetes related indicators was comparable to both local and national averages.

For example,

- The number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 80%, with an exception reporting rate of 12%, compared to the local CCG average of 81%, with 15% exception reporting, and the national average of 80%, with 13% exception reporting.
- The number of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 81%, with an exception reporting rate of 2%, compared to the local CCG average of 76%, with 9% exception reporting, and the national average of 76%, with 8% exception reporting.

The number of patients with COPD who had a review undertaken in the preceding 12 months was 93%, with an exception reporting rate of 3%, compared to the local CCG average of 91%, with 15% exception reporting, and the national average of 90%, with 12% exception reporting.

When comparing performance for mental health related indicators the practice again achieved positive results in the range of outcomes within the individual measures.

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other

Are services effective?

(for example, treatment is effective)

psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 92%, with an exception reporting rate of 7%. The local CCG average was 92%, with an exception reporting rate of 17%, and the national average was 89%, with an exception reporting rate of 13%.

The practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental ill health, including those on the dementia register, and health promotion. Relevant advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

The practice provided services to a local nursing and residential care home with 60 residents; the practice provided a weekly 'ward round'. The practice also had arrangements in place for a health care assistant to visit the home before the GP so that any necessary blood tests could be taken and results were available for the GP when they attended.

All residents of the care home had an Advanced Care Plan in place with resuscitation preference and status recorded. The practice had an agreed Memorandum of Understanding in place with the care home to ensure communication was unambiguous and that each organisation worked collaboratively for the benefit of the patients.

The allocated GP from the practice worked with the Care Home Advisory Pharmacist to complete medication reviews. Clear plans and records of patient preferences meant that hospital admissions had been reduced. East Midland Ambulance Service (EMAS) performance data, provided to us by the practice during inspection, showed that the practice was performing highly in comparison with other practices in the locality, with only two conveyances to hospital in the final quarter of 2016.

There was evidence of quality improvement including clinical audit, for example;

- The practice had a regular cycle of clinical audits. The practice had undertaken 23 audits within the previous two years. Of these four had been 'full cycle' audits, where repeated audits had been completed, action implemented and outcomes reviewed and improvements or changes reported. These included

audits of prescribing of antibiotics which had led to a reduction in their use. An audit detailing the prescribing of Thyroxine and the review of annual blood tests demonstrated improvements were noted after a change in prescribing practice. Other areas in which audits had been undertaken included minor surgery and the prescribing of aspirin.

- The findings of audits had resulted in changes to systems and improvements in prescribing and patient recall systems for reviews.
- The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from these audits were also used by the practice to evaluate, review and, where appropriate, to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, information governance, basic life support, infection control, health and safety and fire safety. Staff had access to appropriate accredited external training opportunities and undertook mandatory training that included information governance, customer service training, and dementia awareness.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on-line resources and attendance to update training sessions.
- Qualified nurses were responsible for the treatment and review of patients with asthma and chronic obstructive pulmonary disorder (COPD).
- The practice had trained administrative staff to undertake a variety of different functions. The reception and administrative staff had been identified as Patient Support Advisors as the practice considered that this more fully reflected the role and duties. We saw that these staff contacted patients if they did not attend for their appointments, and some had taken responsibility

Are services effective?

(for example, treatment is effective)

for developing practice wide initiatives such as 'champions' in areas dealing with Carers and Veterans, with plans to expand champion roles to include Dementia and Cancer awareness.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their personal development. Staff had access to appropriate training and support to meet their learning needs. This included ongoing support, one-to-one meetings, annual appraisal, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal in the last 12 months and the practice had introduced 360 degree feedback as part of the yearly appraisal cycle. The appraisal system had been reviewed and refreshed following involvement and consultation with staff.
- Staff had access to regular clinical educational training sessions which were delivered using a variety of methods, including on-line e-learning, presentations off site and at the practice. Relevant practice staff had also attended CCG led training days which were held throughout the year. Protected learning time for staff was assured.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly. Appropriate training had been provided for staff to support understanding and awareness.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also readily available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, or with children's services and community nurses for example.
- The practice had systems in place to provide staff with the information they needed. Staff worked together with other health and social care services to understand and meet the range and complexity of patient 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.

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 and could explain processes to us.
- 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 had systems in place to help staff identify patients who may be in need of extra support.

- The practice held a register of patients living in vulnerable circumstances, including those who were homeless or with a learning disability.
- This included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug, alcohol and smoking cessation and patients experiencing poor mental health.
- The practice had 20 patients on its end of life schedule. The practice held regular meetings to review and assess the care for those patients nearing their end of life.
- The practice had 115 patients on their cancer register. Routine health checks and additional, appropriate support was offered to these patients, with flexible appointment times made available. 107 of these patients had received a review in the last 12 months.
- The practice had 32 patients registered with learning difficulties and 20 of these patients had received a health check in 2015/2016.
- 413 patients had been included on the diabetes register and 379 had been provided with an annual review. The practice had also identified 336 patients in pre-diabetic screening programme who were to be referred to the National Diabetes Prevention programme.

Are services effective?

(for example, treatment is effective)

- There was an appropriate focus on sexual health for the patient population and chlamydia screening was offered to all patients under 25 years of age. Take up of this was higher than other practices in the county with Moulton surgery completing 320 screens during 2015-16.
- Patients were signposted to the relevant services, including for example Macmillan cancer care.
- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. The practice had created a database of all local health related activity groups in the locality, for example, 'Fit Mums' exercise groups, Activities for Over 60's, including indoor bowling and Walking Football. A social prescribing project had been formed with external funding with a focus to address social exclusion.
- Access to an NHS dietician and other healthy lifestyle advice was available, including well- person medicals, cholesterol and blood pressure checks.
- The practice was involved with facilitating and supporting a COPD Choir. Information was available on the practice website and over 400 enquires had been made within four months of start-up.

The practice's uptake for the cervical screening programme for women aged between 25-64 years of age in the preceding five years was 82%, which was comparable to the CCG and the national average of 81%. This had increased by 18% over previous years. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending reminder letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were higher than both local CCG and national averages. For example:

- Data published in March 2016 showed 68% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months, compared to 60% locally and 58% nationally.
- 83% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 77% locally and 73% nationally.

The practice had 'champions' dealing with follow-up arrangements to remind patients about their appointments and were able to provide educational information about the benefit of attending for their screening appointment. The practice reported a 23% increase in take up since these dedicated roles had been introduced.

Childhood immunisation rates for the vaccinations given were again higher than local and national averages. For example, the practice achieved a 95% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%.

For five year olds and MMR vaccinations, the practice achieved an average of 98% compared to the local average rates of 96%, and the national average of 91%.

The practice staff had attended local schools and children's nurseries to promote influenza vaccinations for children. A range of children's clinics had been planned for the end of 2016 to deliver the vaccines. The practice pointed out that the information and advice shared at these school and nursery sessions would be available to people who were not necessarily patients at the practice and it was considered to form part of the practice and village wide Health and Wellbeing strategy to improve all residents' health.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40-74 years, with 254 performed in the last 12 months. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering at the practice.

The practice had completed health checks for 56 of the 74 eligible patients appearing on the dementia register. This amounted to 78% of patients receiving dementia care reviews. The practice had dementia screening in place, with 128 patients screened for dementia which enabled earlier identification and referral.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with eight members of the patient participation group (PPG). They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.

- 77% 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%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and the national average of 97%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice completed its own patient surveys throughout the year, to supplement the findings of the national survey. We saw that in a local survey, completed in October 2016, the practice had improved performance in a number of areas where the GP Patient Survey had indicated the practice was below average.

The practice issued 270 questionnaires to its patients and found noticeable improvement. For example;

- In response the questions about consultations with nurses 99% of patients said the last nurse they spoke to was good at treating them with care and concern, which was 21% higher than the July 2016 patient survey results.
- 96% of patients said the GP gave them enough time, which was an increase of 12% from the July survey results.

The local patient survey demonstrated improvements in performance when compared the National Patient Survey July 2016 outcomes. We saw that the practice undertook patient satisfaction surveys one week each month, with an individual clinician receiving feedback about their consultations.

The senior partner at the practice told us that all staff worked hard to ensure patients received the best possible service. We found that staff enjoyed their work and took great pride in ensuring patients were happy and well cared for.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 81% 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%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice was aware of the level of positive feedback from patients and we saw that the PPG was also instrumental in maintaining positive lines of communication with a widespread number of patients. For example, the PPG had worked with practice staff to organise coffee mornings raising awareness about Macmillan Cancer nurse support.

The results from each survey were shared with staff across the practice and discussed at length at partnership meetings. Performance improvements plans were drafted to identify where improvements were needed and what support and training was required to help staff deliver improved services.

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

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

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting area told patients how to access a wide range of support groups and

organisations, including, Diabetes UK, Cancer Research, Northamptonshire Centre for Independent Living and Alzheimer's Society. The practice had identified a dedicated area of display for carers information.

- The practice provided information about different local or national charitable initiatives.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 207 carers identified which was approximately 2.6% of the non-university patients on the practice list.
- The practice had identified a member of staff who was able to act as carers 'champion' with the objectives to develop services and raise awareness of carers in the practice and across the community. Initiatives identified included liaison with the carers association, coffee mornings and information open evenings attended by patients, staff and invited speakers from relevant local organisations.
- A carers event was attended by 47 patients and included representative from AgeUK, Northamptonshire Carers, First For Wellbeing and the Alzheimers Society.
- The practice had a priority within its patient charter to provide the best possible care 'from cradle to grave' and integral to delivering that target was the philosophy of ensuring the practice provided the best possible care for patients and their families for their end of life experience. The practice had created a Proactive Care Scheme under which all patients entering the palliative care phase of their illness were highlighted on the clinical system so that all staff are aware of their 'Special Patient' status. This alerted staff to the circumstances and ensured same day urgent access to a nurse or GP at the surgery or at home.
- The practice supported patients and carers into taking consideration of the wishes of the patient and family at all stages. Regular reviews were established with their condition reported to the multiagency team supporting the patient. The Proactive Care Scheme also had a focus on patients who were resident in the nursing care home at which the practice provided services.
- This scheme encouraged a multidisciplinary and collaborative approach to how patients at this nursing home were supported. The practice's analysis showed this was effective with a 3% ambulance conveyance rate compared to the local average nursing home conveyance rate of 28%.
- The practice recorded that 82% of patients died at their preferred place of death, compared to a national

Are services caring?

average of 76%. Following bereavement the practice offer additional support to surviving family members. Patient Support Advisers played a key role in ensuring information and support was given to the family.

- Following the death of a patient members of staff involved in the care of the patient will met to discuss and review how the practice performed and to ensure staff also had the support they needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had produced a comprehensive quality monitoring policy with positive engagement and consultation with patients, relevant local services, local Federation of GP services and Northamptonshire Clinical Commissioning Group (CCG). The policy covered all aspects of the practices work, including assisting patients in making informed plans about end of life care, cancer referrals and a proactive approach to monitoring and review of high risk medication. Implementation of the policy had been rolled out across the area at meetings with patients and other residents in the area to help raise awareness of healthy lifestyle choices.

- Clinical staff had access to advice and support from a wide range of specialist staff including a dietician, the local respiratory team and staff also worked closely with the diabetes team.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was proactive in developing services. They offered on-line appointment booking, a text messaging service to remind patients of their appointments and repeat prescriptions.
- A full range of health promotion and screening clinics and advice was available to meet the recognised needs of the patient group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Information leaflets for travellers, giving advice relating to vaccination and health precautions, were available in the patient waiting area.

- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis, links with the community midwife team and health visitors formed part of the support available.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) where necessary and encouraged patients to self-refer where appropriate. Information about the psychological well-being service was available within the waiting area.
- GPs had worked with deaf or hearing impaired patients to improve their understanding of support available and the practice had sought additional training for staff from British Sign Language.
- The practice was fully engaged with senior staff representative in discussion about the relocation of the University campus and how services could be maintained for students.

We saw that the practice and the PPG had identified links with local charities and support groups to raise awareness of issues and to improve awareness, with, for example, the Dementia Alliance, Macmillan Cancer Care and carers groups such as Northamptonshire Carers.

The practice provided dedicated GP services to residents at a care home which had included awareness training for care home staff, flexible appointments and collaborative working with other services. Staff from the practice who worked with these patients had developed skills and awareness of the needs this patient group. The practice recognised the difficulties this group of patients might have had with rigid appointment systems and offered flexibility in the delivery of health checks, clinics and general appointments. Annual health checks and routines immunisations are also included in the services provided. This meant that patients from the care home were enabled to access services they otherwise would have not.

Access to the service

The practice was open from 8am to 6.30pm, Monday to Friday. Extended opening hours were available until 8pm on Thursday evenings and between 8am -11.15am each Saturday, except on bank holiday weekends. Appointments on Saturdays, with GP, nurse or health care assistants could be pre-booked up to four weeks in advance, for patients with work commitments unable to attend an appointment during normal office hours. Weekday emergency appointments were also available.

Are services responsive to people's needs?

(for example, to feedback?)

'Out-of-hours' services were provided via the NHS 111 service. Information about the out-of-hours services was available in the practice waiting area, on the practice website and on the practice telephone answering service.

Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the local CCG and the national average of 79%.
- 78% of patients said they could get through easily to the practice by phone compared to the local CCG average of 70% and the national average of 73%.

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

The practice had systems in place to assess:

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

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.

Feedback from patients we spoke with and from the completed CQC comment cards confirmed that appointments times were usually on-time and if there was any delay staff would advise patients who were waiting. The GP Patients Survey results in July 2016 showed that 57% of patients feel they don't normally have to wait too long to be seen, this was the same as CCG average of 57% and comparable with the national average of 58%.

Listening and learning from concerns and complaints

The practice had a comprehensive system in place for handling complaints and concerns. The practice manager was the identified lead person who handled complaints in the practice. The practice carried out a thorough analysis of complaints and produced an annual complaints report. Information on how to complain was readily available to patients, with leaflets available within the waiting area and details on the website.

- The practice leaflet contained information about how to complain, notices were displayed in the waiting area and information was available on the practice website.
- Information about the role of the Parliamentary and Health Service Ombudsman was routinely available (the PHSO make final decisions on complaints that have not been resolved by the NHS in England).
- We looked at three complaints received in the last 12 months and found each of these had been dealt with in a timely and thorough way.
- The practice submitted complaints data to the partners meeting. Lessons learnt from concerns and complaints were shared across the practice as appropriate and action was taken as a result to improve the quality of care. For example, we saw examples where patients had complained about the attitude and approach of staff when dealing with their referral. The practice reviewed the circumstances with each staff member and thoroughly investigated the way in which the situation had been dealt with at the time. In those cases where the practice considered actions could have been improved the patients received an apology and staff were reminded about how behaviours could be interpreted, by patients, particularly when they may be anxious or worried. Learning was shared at practice meetings, with discussions about how similar situations might be dealt with in future.

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 and comprehensive patient charter, which was displayed in the practice and on the website. The practice had a strong vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice held regular partner's business meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

The practice had identified existing objectives and possible future developments. The partners routinely reviewed and evaluated progress against objectives. The practice had produced a comprehensive strategy designed to sustain delivery of high quality care to patients covering a three year period.

The business plan to deliver the strategy incorporated discussion with external agencies such as the parish council and other agencies and groups involved in the development of the Moulton Village Health and wellbeing strategy and the design of the new Health and Wellbeing Centre.

The vision had four key principles; to give every child the best possible start; to enable patients to take responsibility and support then in making informed health choices; to promote independence and quality of life for older adults; and to create an environment in which all people can flourish.

The practice had developed a comprehensive strategy in order to meet the targets in the vision. This identified collaborative working with external groups, including for example Moulton School and Science College, the locality Pharmacist and the local care home. We saw that the practice had created a database of information for patients to access relating to healthy lifestyle choices, activities and support groups/

Internally the practice had sought to strengthen relationships across clinical and non-clinical teams, to participate in practice-wide team building exercise and be

prepared to embrace new ways of working for example by creating the new role of Patient Support Advisors and using coaching approach to support all staff in their personal development.

Governance arrangements

The practice had clear governance structure which supported the delivery of the strategy and good quality care.

The reporting structures, agreed lines of delegated authority and procedures put in place at the practice ensured that:

- There was a clear staffing framework and that staff were aware of their own roles and responsibilities. With a small staffing group the practice manager had introduced flexible working and additional training to ensure administration staff were competent and able to deliver the range of administration and patient support services required.
- The policies in place at the practice were reviewed and updated as required. Copies of relevant policies and associated guidance and protocols were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by the practice management team through regular meetings and progress review sessions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

There was a strong and clear focus on positive engagement with staff across the clinical and administrative bases. Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider's management team proactively encouraged and supported a culture of openness and honesty.

Are services well-led?

Good 

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

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of written correspondence.

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

- The practice held team meetings on a monthly basis and staff were encouraged to participate.
- 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 as individuals, that their contribution was welcomed and valued and that they were fully supported by management and clinicians in the practice.
- Staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Team building session for all staff in August 2016 with external facilitator. Staff volunteered to for a team building committee to organise future events, both social and more formal in design.
- To encourage social interaction within the staff team social events were planned throughout the year, including barbecues, a Christmas party and a bowling evening.
- Practice sought to improve staff morale and team working and have embraced the concept of a coaching culture to help individual identify development opportunities and heighten awareness of the impact of different behaviour.
- The partners worked hard to ensure the practice was engaged with life in the village; for example, they attended the Moulton village festival and encouraged staff to take part.
- The practice has a regular column in the village magazine, the Moulton Scene, which was issued four times a 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 NHS Choices, the Friends and Family Test, the Patient Participation Group (PPG) and through local patient surveys and comments and complaints received.
- The PPG comprised of 18 members who regularly attended meetings and a virtual group with a membership of five patients, who contributed feedback online or via email. For example, feedback about telephone access in the early morning was mentioned and the practice took steps to increase the number of available telephone lines and put in place arrangements for staff to be temporarily relocated to answer calls at peak times.
- We saw that improvements and developments had been influenced as a result of staff and patient feedback. The PPG was involved in developments including the Healthy Walking Group and the volunteer drivers group (which assisted patients with mobility issues with transport to the practice).
- The PPG had been consulted and involved in the development of the new health centre due to be built when the practice relocated to new premises.
- The practice had regularly gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Local monthly surveys to monitor patient experience of each consultation for each clinician.
- We saw positive examples of where staff had personal interests in topics and they had been encouraged and supported by partners to develop their knowledge and to share learning across the practice.
- The parish council and the practice worked collaboratively to ensure that the Moulton Health and Wellbeing Strategy was included in discussion about the impact of building up to 5000 new houses in the area.

Continuous improvement

Are services well-led?

Good 

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

There was a clear and strong focus on continuous learning and improvement at all levels within the practice. Staff told us that if they had a personal interest in developing services the partners would actively encourage and support their learning.

At the time of our inspection, the practice was involved in a range of patient services to meet the individual and collective needs of the practice population.

For example,

- The practice had a service development plan focused on improving outcomes for patients and exploring opportunities to increase the patient list size.
- With the aim of increasing the number of participants and the diversity of representation of patients offering feedback, the practice told us that they were exploring the possibility of further developing the 'virtual' patient participation group.
- The practice took part in research studies and also supported medical students in their training. In the preceding 12 months the practice had supported six medical students, two practice nurse students and four district nursing students.
- Two sixth form students from local schools and colleges with an interest in becoming a doctor or nurse had also gained experience at the practice.
- The practice had a telephone 'App' for use by students and provided on-line advice in a 'Young Persons Guide'.