

# Dr Bevan and Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



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 Dr Bevan and partners on 18 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed, with the exception of the dispensary, where management of medicines required improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, although the dispensary staff required

update training and there were gaps in infection control training for non-clinical staff. Non-clinical staff appraisals had not been completed for over 18 months.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was availability of urgent appointments available the same day via the triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

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

The areas where the provider must make improvement are:

- Ensure appropriate systems are in place for the proper and safe management of medicines including dispensing, audit, recording and destruction of controlled drugs and followed correctly and that standard operating procedures contain all the relevant information.

The areas where the provider should make improvement are:

- Ensure staff receive appropriate training and appraisals; update training for dispensary staff in dispensary procedures including management of controlled drugs and update training in infection control and infection control audit.
- Continue to identify and support carers.
- Advise patients at the branch surgery what to do when the dispensary is closed.
- Implement a system to provide an audit trail for blank prescriptions at the branch practice.

**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 requires improvement for providing safe services.

**Requires improvement**



- There was an 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.
- When things went wrong patients received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and robust systems and processes in place involving regular and effective discussion with all the multi-disciplinary team to ensure patients were kept safe and safeguarded from abuse. We saw evidence of proactive and effective liaison with other agencies enabling early identification and prevention of abuse in children.
- Risks to patients were generally assessed and well managed with the exception of the dispensary where improvements were required regarding the systems in place to ensure the safe, storage, recording, dispensing and destruction of controlled drugs and audit of infection control measures within the practice.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. The nursing team had a wide range of skills and had received training in all long term conditions. Dispensary staff had gaps in knowledge regarding some procedures such as disposal of controlled drugs.
- There was evidence of appraisals and personal development plans for clinical staff, although non-clinical staff appraisals

# Summary of findings

were yet to be completed for this year. However, staff reported an open door policy at the practice and reported being able to approach the practice manager at any time if they identified training or development needs.

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care except one where they were comparable.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Nene Clinical Commissioning Group to secure improvements to services where these were identified. For example, they were exploring ways with other practices to form a federation and provide better access and more extended hours in the area.
- Patients said they found it easy to make an appointment with urgent appointments available the same day via a triage system. Patients had commented on easy access to appointments and the practice had introduced the triage system to promote this.
- The practice had responded to patient need by assessing and reviewing the issues for patients. They had recognised the benefits of investment in specialist resources such as the advanced nurse practitioner and a counsellor to benefit patients and ensure they had access to appropriate assessment, treatment and support.
- The practice had acknowledged the need to be proactive in child protection and establish early identification, assessment,

Good



# Summary of findings

support and monitoring of children at risk and work with other agencies to maintain this. There was evidence of identification of significant numbers of children who had been recognised as needing additional monitoring and support.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 meetings which included governance.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, there were some gaps in systems and knowledge regarding the dispensary procedures.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was engaged with the practice and felt involved and listened to.
- There was a focus on continuous learning and improvement at all levels and the practice was committed to education and involved in the training of new GPs and medical students.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had employed an Advanced Nurse Practitioner (ANP) to visit care homes weekly and carry out a ward round as well as visit older housebound patients who could not attend the practice for review of their care.
- They practice had close links with the community elderly care consultant and community health care team.

Good



### People with long term conditions

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

- Nursing staff had received training in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The ANP carried out reviews at home for patients with long term conditions who were not able to attend the practice and developed management plans with patients to prevent admission to hospital.
- Longer appointments were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP and ANP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- The practice had good 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 and demonstrated good communication with other agencies.

Good



# Summary of findings

- Immunisation rates were high for all standard childhood immunisations.
- We saw the practice had detailed information regarding all children on the safeguarding register and close links had been established with the school liaison officer, school nurse, midwife and health visitor to ensure adequate support and monitoring took place and enable early intervention.
- 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.
- Cervical screening rates were 79% and were comparable to those locally and nationally at 81%.
- The practice offered a full range of contraceptive services including implants and intra-uterine contraceptive devices.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a child friendly play area in the reception.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Chlamydia screening was offered for young people between 15 and 24 years.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had an 'information zone' providing information and self-testing of blood pressure.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the pro-active care team.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a dedicated safeguarding administrator to ensure important information was communicated to relevant professionals.
- The practice had a robust approach to child protection and had implemented multi-disciplinary team meetings where there was a focus on all children at risk in all categories and proactive work was undertaken to prevent abuse and address early warning signs.
- There were systems in place to identify potentially vulnerable patients at registration, for example service veterans.
- The practice held a register of patients identified as carers, they had identified 133 patients as carers which represented 1.2% of the practice list.

## 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).

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was the same as the national average.
- 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



## Summary of findings

- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results were published in January 2016. The results showed that patient satisfaction was above the local and national averages for all areas with the exception of one area which was comparable. There were 244 survey forms distributed and 114 were returned which represented approximately 1% of the practice's patient list and a response rate of 47%.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received and patients commented that they were treated with respect and had always been very satisfied with the treatment received.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they generally found it easy to get appointments although they found it could take up to two weeks to get an appointment with a preferred GP. Patients told us that they felt involved in their care and some patients told us that they found the triage system particularly useful.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure appropriate systems are in place for the proper and safe management of medicines including dispensing, audit, recording and destruction of controlled drugs and followed correctly and that standard operating procedures contain all the relevant information.

### Action the service **SHOULD** take to improve

- Ensure staff receive appropriate training and appraisals; update training for dispensary staff in dispensary procedures including management of controlled drugs and update training in infection control and infection control audit.
- Continue to identify and support carers.
- Advise patients at the branch surgery what to do when the dispensary is closed.
- Implement a system to provide an audit trail for blank prescriptions at the branch practice.

# Dr Bevan and Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a member of the CQC medicines management team.

## Background to Dr Bevan and Partners

Dr Bevan and partners is a semi-rural GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 11,200 patients living in Irthlingborough and surrounding areas of Woodford, Little Addington and Great Addington. (A GMS contract is a nationally agreed contract used for providing medical services). The main practice is known as Spinney Brook Medical Centre. There is a branch surgery located in Woodford which has a dispensary that dispenses to approximately 1,500 patients who live more than one mile from a pharmacy. We also inspected the dispensary as part of this inspection.

The main practice operates from a two storey premises. All consultations take place on the ground floor and the first floor accommodates the practice manager and administrative staff and a teaching and meeting room. The practice population has a higher than average number of patients aged 50 to 70 years and 0 to 5 years. National data indicates that the area is not one that experiences high levels of deprivation. The practice population is made up of predominantly white British patients.

There are six GP partners; two female and four male and there is one salaried GP. The practice employ seven practice nurses, an advanced nurse practitioner, a counsellor, and a practice manager who are supported by a team of administrative and reception staff.

The practice is open daily Monday to Friday between 8am and 6.30pm and on Mondays and Wednesdays extended hours appointments are offered until 8pm. The branch practice is open Monday to Friday from 8.30am until 12.30pm.

When the surgery is closed services are provided by Integrated Care 24 out of hours provider who can be contacted via NHS 111.

## 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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 18 May 2016. During our inspection we:

# Detailed findings

- Spoke with a range of staff including GPs, nurses, the practice manager, dispensary staff, administration and reception staff and patients who attended the practice that day..
- Observed how patients were assisted when attending the practice and talked with carers and family members.
- Reviewed templates and treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines Healthcare and Products Regulatory Agency), patient safety alerts and minutes of meetings where these were discussed. We saw there had been 10 significant events in the last year and reviewed a selection of the completed forms which showed that lessons learnt were noted, shared with the team and action was taken to improve safety in the practice. For example, following investigation of a significant event, the practice had organised additional clinical support for a member of staff and additional training. The practice manager received all medical safety alerts and emailed these to relevant staff and we saw they kept a folder where actions taken were recorded.

### 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, with the exception of some procedures in the dispensary. These included:

- Robust and comprehensive arrangements were in place to safeguard children and vulnerable adults from abuse. We saw the practice held monthly meetings involving all relevant disciplines including, the school nurse and local school liaison officer, where vulnerable people

were discussed. For example, children in need, looked after children and those identified using the early help assessment tool (EHA). (The EHA is a simple way to help identify needs of children and families and make a plan to meet those needs. It is a shared tool which can be used by all agencies in Northamptonshire who are delivering early help. Its purpose is to provide a co-ordinated response so no-one misses out on the support they may need.) Looked after children are those in the care of the local authority for more than 24 hours. We saw the practice had 48 children on the EHA list; 17 looked after children, 21 children in need and 12 on the child protection register. The lead GP for safeguarding attended quarterly countywide meetings and there was a designated member of the administration staff responsible for ensuring information was linked and shared with all relevant staff. The practice arrangements reflected relevant legislation and local requirements and demonstrated a commitment to keeping vulnerable patients safe. 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and all other staff were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. The practice manager told us that only nurses acted as chaperone and all were trained for the role and we saw they had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Two of the practice nurses had received up to date training in infection control and one of those nurses was the clinical lead for infection control. There was an infection control protocol in place and staff demonstrated an awareness of infection control principles. Whilst the practice manager told us infection control was discussed with all staff at induction, not all clinical staff had received up to date training. We did not see any regular infection control

## Are services safe?

audits, but we saw clinical waste audits and cleaning audits had been carried out. The practice manager told us they met with the cleaning contractor monthly to discuss any issues and assure themselves that cleaning procedures were adequate.

- The arrangements for managing general medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal) but the procedures regarding controlled drugs were not robust. The dispensary held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). Staff knowledge of the controlled drugs (CD) register was not up to date and we noted that information in the register was not being recorded accurately. For example, where out of date stock was awaiting collecting this was recorded as a zero balance. We also noted that register entries were made at the point of dispensing rather than when the patient collected the medicines. We saw good standard operating procedures were available which had been reviewed in June 2015. However, they did not contain information regarding the NHS Accountable Officer for controlled drugs to inform staff who to contact if they needed to dispose of out of date controlled drugs. We noted that there were a number of controlled drugs both at the main and the branch practice and there had been no contact with the NHS Accountable Officer to arrange their safe destruction. There was no evidence of monitoring of controlled drugs and no audits undertaken on these.
- There was a clear process in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescriptions forms and pads were securely stored and monitored at the main practice and whilst they were securely stored at the branch practice there was no system in place to monitor prescription stationery at the branch practice. Five nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from

the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a named GP responsible for the dispensary and a dispensary manager and two other dispensary staff all of whom were trained to NVQ level 2, although we did not see any additional update training for staff working within the dispensary. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. There were three staff who kept keys for the dispensary and the controlled drug key was kept within the locked dispensary with only authorised persons having access.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the local health and safety representative. The practice had up to date fire risk assessments and had carried out a fire drill in May 2016. All electrical equipment was checked in August 2015 to ensure the equipment was safe to use and clinical equipment was checked in April 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to

## Are services safe?

ensure enough staff were on duty. For example, the lead nurse completed the nurses rota to ensure there was enough staff with the appropriate skills on duty and that staff rotated to maintain their competency.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and there was a panic alarm in every room.
- All staff received annual basic life support training and there were emergency medicines available in a room which was accessible to all staff and had a security keypad.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 suppliers and contractors and all staff contact numbers were kept on a separate mobile phone for this purpose.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice also used 'Pathfinder' which was a locally agreed set of clinical pathways which incorporated NICE guidance.
- The practice monitored that these guidelines were followed through risk assessments, and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available. The practice exception reporting was below the clinical commissioning group and national averages of 11% and 9% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 90% which was comparable to the national average of 89%.
- Performance for mental health related indicators was 98% which was better than the national average 92%.

There was evidence of quality improvement including clinical audit.

- There had been two complete audits carried out in the last two years, both of these were completed audits

where the improvements made were implemented and monitored. We saw several other single cycle audits, including intrauterine contraceptive device insertion to ensure standards were being met.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had audited the outcomes for patients as a result of joint injections which showed patients were experiencing improvement of their symptoms compared to the previous year. They had audited inadequate cervical cytology rates to identify if there were any training needs which showed low inadequacy rates and a reduction on the previous year.

Information about patients' outcomes was used to make improvements. The practice had reviewed the outcomes of urology referrals to determine if they had been appropriate which had resulted in discussion regarding the necessity to access specific tests directly and prevent the need for hospital referral. The practice constantly reviewed their QOF achievement to identify if there were any areas which required additional focus, this included both GPs and the nursing team.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality but there was no formal checklist to demonstrate this. Staff we spoke with told us they had received briefing on these topics along with sharps (needles) disposal, specimen handling and clinical waste.
- The practice had identified and acknowledged the benefits of proactive management of patients in care homes and those at high risk of admission to hospital. As a result they had employed an advanced nurse practitioner to visit the local care homes and carry out weekly ward rounds and review and update the care plans for those patients. They worked closely with the GP and other health care professionals to prevent unnecessary admission to hospital. They also reviewed patients with long term conditions who were housebound and were able to educate and raise awareness of exacerbation of their condition.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for clinical staff. For example, for those reviewing patients with long-term conditions. We saw that the nursing team had undertaken training at diploma and degree level in a variety of conditions, for example, leg ulcers, coronary heart disease, chronic obstructive pulmonary disease (COPD) and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. All clinical staff had received an appraisal in September 2015 carried out by a GP and the practice manager, they told us this had been a positive experience where they identified areas of development. Seventeen of the non-clinical staff appraisals had not been carried out for 18 months due to other practice priorities. However, staff we spoke with told us that they could approach the practice manager at any time if they identified any training needs or issues they needed to discuss. The practice manager told us they had two apprentices working with the practice who had attended customer care training and staff had attended medical summarising training.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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. Patients were given a paper copy of care plans and do not attempt cardio pulmonary resuscitation forms and these were also recorded in the computerised records.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. The practice dealt with referral and discharge letters appropriately within an acceptable timescale. When the patients usual GP was away the practice operated a 'buddy' system to ensure there were no delays in dealing with communications from other services. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had written consent forms for invasive procedures such as minor surgery. The process for seeking consent was monitored through patient records audits and we saw evidence of this.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service who could provide additional support.
- The practice offered dementia screening and referral to the memory clinic when necessary.

The practice's uptake for the cervical screening programme was 79%, which was comparable to CCG and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 94% to 98%. The practice contacted the health visitor if children did not attend three times for immunisation.

The GPs offered baby medical checks prior to immunisation, post-natal checks for new mothers and a full range of contraception services. Chlamydia screening was offered for young people between 15 and 24 years.

The practice provided NHS health checks for patients aged 40 to 74 years and made referral to smoking cessation services when the need was identified. They also referred to local exercise programmes for patients who met a certain criteria. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients could access the aortic abdominal assessment (AAA) screening at the practice.

# 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.

- We saw that 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.
- There was a consulting room in reception used by the triage nurse and staff knew when patients wanted to discuss sensitive issues they could offer them a private room to discuss their needs.

The five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients commented that they were listened to and their health issues dealt with promptly. We noted during our inspection that staff assisted patients and were helpful and responsive to their needs.

We spoke with a member of the patient participation group (PPG) who told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We spoke with six patients during our inspection who told us that the GPs and nurses were kind and caring and sensitive to their needs.

Results from the national GP patient survey also aligned to these views and patients response showed that they felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%

### Care planning and involvement in decisions about care and treatment

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

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

- 89% 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%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was a hearing loop in the reception area to assist patients with hearing difficulties.

## Are services caring?

- Information leaflets were available for a variety of conditions.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, the British Heart Foundation, blood pressure treatment, meningitis and children's centres. There were several notice boards in different parts of the practice containing a variety of information for different patient groups, for example, families with young children which provided information regarding immunisation and feeding.

There was a notice regarding carers and the practice identified carers on the computer system to alert staff if a patient was also a carer to enable them to offer flu vaccination and health checks. The practice had identified 133 patients as carers which represented approximately 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them as well as a newsletter informing patients regarding county wide support for carers and activities in the area available over the following months.

When families had suffered bereavement, their usual GP would review the patients and decide on the type and level of contact to offer. Patients had commented on receiving good support during times of bereavement from the GPs.

# 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, the practice engaged in the enhanced service to provide additional support and care for patients in care homes. However, this service was decommissioned but the practice identified that this had significant benefits to patients in care homes and would help to reduce unplanned admissions to hospital. As a result they employed their own advanced nurse practitioner (ANP) to carry out weekly ward rounds at three of the main care homes and was the first point of contact for patients and staff in the homes. They also provided support for housebound patients.

- The practice offered extended hours appointments on a Monday and Wednesday evening until 8.00pm for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice both from the ANP and the GPs dependent on the patient's need.
- Same day appointments were available for children and any patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice employed a counsellor who offered weekly sessions at the practice in addition to the Well-being Counsellor whose services were provided by the local health trust as the practice had acknowledged that the demand for support for patients with mental health issues was greater than the allocated resource available locally.

- The practice provided accommodation for sessions from the community mental health team and 'Serenity', a service which provided counselling for patients who had been victims of sexual assault or rape.

### Access to the service

The practice was open between 8am until 8pm on Monday and Wednesday and from 8am until 6.30pm on Tuesday, Thursday and Friday. There was a range of appointments available between these times with all members of the health team. Extended hours appointments were offered at the following times on Monday and Wednesday weekdays between 6.30pm and 8pm for bookable appointments only. Appointments could be booked online, at the reception desk or via the telephone. In addition to pre-bookable appointments that could be booked up to three weeks in advance, there was a triage system in operation for patients who needed to see a doctor urgently.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 90% of patients said they could get through easily to the practice by phone compared to 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 but sometimes had to wait for two weeks for a routine appointment with a GP of their choice. Some patients reported satisfaction at being able to get to see a GP quickly for children.

The reception staff were all aware of the triage system and how to use it and refer patients into it. This also allowed staff to determine whether a home visit was clinically necessary and the urgency of the need for medical attention.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. This was set out in the practice information leaflet, was advertised in reception and was also available on the practice website.

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

The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We looked at seven complaints received in the last 12 months and found they had been satisfactorily handled, dealt with in a timely way with openness and transparency. We noted that the practice had used complaints as a

learning opportunity to improve. Lessons were learnt from individual concerns and complaints and we saw that issues were discussed in both clinical and practice meetings to ensure all staff were made aware of the outcomes and learning from complaints to improve the quality of care. For example, there had been clinical discussion regarding the need for ensuring patients understanding of their medicines at all times.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients from personalised care.

- The practice shared its aim to provide their vision in the practice leaflet and staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, they had acknowledged the shortage of GPs and difficulty in recruiting GPs and had were planning to upskill nurses in appropriate areas to utilise all staff effectively.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and was discussed at practice meetings. Nurses had specific lead roles in long term conditions and worked closely with the GPs in the monitoring of these.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although we noted there were some areas of improvement required in the dispensary.

### Leadership and culture

During our inspection the partners in the practice demonstrated in the main they had the experience, capacity and capability to run the practice and ensure high quality care, although there were some issues which required addressing in the dispensary. They told us they

prioritised safe, high quality and compassionate care and we saw that this was the case. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The GPs were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place, such as significant events audits and complaints that ensured that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw minutes of meetings to demonstrate this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The practice team was long established and all staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the services delivered by the practice. The practice had introduced the employment of apprentices and were supporting training and developing them within the practice.
- However we noted that several members of non-clinical staff had not received regular annual appraisals but told us they had an open door policy and could approach the management at any time if they identified any issues or training and development needs.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The chair of the PPG told us the practice engaged well with the group and kept them up to date with proposed changes, issues and challenges for the practice, for example, the increasing practice population as a result of local list closures and difficulties regarding GP recruitment. The PPG met regularly and made suggestions for improvements to the practice when necessary. For example, they had worked with the practice to raise awareness of patients who did not attend appointments and suggested the number of online appointments be increased to meet demand which the practice had done.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that there was an open door policy within the practice.

Staff told us they felt involved and engaged to improve how the practice was run and told us they felt part of a good team.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was working with other practices in the area to form a federation and improve access and extended hours. The practice was a training practice which helped to train new GPs and medical students and had a GP who led in this area of work.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>We found the provider did not always ensure the proper and safe management of medicines.</p> <p>Out of date controlled drugs had not been disposed of for several years.</p> <p>Staff did not record and monitor controlled drugs in line with legislation .</p> <p>The standard operating procedures did not contain information regarding the NHS Accountable Officer.</p> <p>There was no evidence of monitoring of controlled drugs and no audits undertaken of these.</p> <p>The provider had not ensured that the process for disposing of controlled drugs had been followed to ensure their appropriate removal.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>