

Care Quality Commission

Inspection Evidence Table

Irchester Surgery (DR PASQUALI Y00399)

Inspection date: 14 December 2018

Date of data download: 04 December 2018

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care	

Safeguarding	Y/N/Partial
professionals such as health visitors, school nurses, community midwives and social worker to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: There were separate GP leads for adult and child safeguarding. An administrator coordinated safeguarding issues.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence: While all clinical staff were knowledgeable about the requirements of the Mental Capacity Act (which aims to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment) we found one clinical staff member had not undergone formal MCA training.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: September 2018	Y
There was a record of equipment calibration. Date of last calibration: July 2018	Y
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/A
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: November 2018	Y
There was a log of fire drills. Date of last drill: September 2018	Y
There was a record of fire alarm checks. Date of last check: 12 December 2018	Y
There was a record of fire training for staff. Date of last training: December 2018	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: March 2018	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: November 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2018	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	31/11/2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice nurse was the interim infection control lead. The substantive lead was the advanced nurse practitioner (ANP). However, this role was vacant and a new ANP was due to start in February 2019.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.04	1.04	0.94	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	7.8%	8.1%	8.7%	No comparison available

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A

Medicines management	Y/N/Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Until recently the serial numbers of blank prescription forms were logged on receipt and their usage tracked collectively. However, this had changed and now their usage by prescribers could be tracked individually.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Five
Number of events that required action:	Five
<p>Explanation of any answers and additional evidence:</p> <p>Significant events were recorded, investigated and acted upon. Learning and action points were discussed during clinical meetings. Communications with affected people demonstrated duty of candour had been applied, and clinical staff demonstrated a good knowledge of duty of candour. However not all staff had received duty of candour training.</p>	

Example of significant event recorded and actions by the practice.

Event	Specific action taken
Prescription error concerning a patient who had the same surname and initial as another patient on the practice patient list. Medicine dose increased in error for the wrong patient.	All staff were reminded on the need to check patient identity appropriately using their date of birth, NHS number and then cross checking with their surname and initials. Duty of candour had been applied in all communications with affected people.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We checked the process for managing safety alerts and saw evidence of a recent review of patients on a medicine used in epilepsy which could be high risk for women of child bearing age.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.82	0.81	0.81	No comparison available

Older people

Population group rating: Good

Findings

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Health checks were offered to patients over 75 years of age.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice held chronic illness clinics including for asthma, chronic obstructive pulmonary disease (COPD) and diabetes.

Diabetes Indicators	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.9%	81.3%	78.8%	No comparison available
Exception rate (number of exceptions).	5.6% (17)	17.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.3%	78.8%	77.7%	No comparison available
Exception rate (number of exceptions).	3.9% (12)	11.4%	9.8%	N/A

	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	74.6%	82.0%	80.1%	No comparison available
Exception rate (number of exceptions).	22.6% (69)	14.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	85.9%	76.6%	76.0%	No comparison available
Exception rate (number of exceptions).	25.6% (61)	9.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.9%	91.7%	89.7%	No comparison available
Exception rate (number of exceptions).	13.3% (17)	13.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QoF)	79.8%	83.3%	82.6%	No comparison available
Exception rate (number of exceptions).	1.8% (14)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QoF)	97.6%	92.0%	90.0%	No comparison available
Exception rate (number of exceptions).	5.6% (5)	4.8%	6.7%	N/A

Any additional evidence or comments

We reviewed the higher than expected exception reporting for diabetes and asthma. (Exception reporting is the removal of patients from the calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). We were informed that the higher exception reporting was due to the application of the exception reporting standard earlier in the year, thereby resulting a larger number of exceptions. The lead GP told us that they were aware of this procedural error and procedures were in place to address this anomaly in line with the guidance. Patients were reminded to attend three times and had been contacted by telephone before being subject of exception.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (to) <small>(NHS England)England</small>	34	36	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) <small>(NHS England)England</small>	39	40	97.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (to) <small>(NHS England)England</small>	39	40	97.5%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) <small>(NHS England)</small>	39	40	97.5%	Met 95% WHO based target

Working age people (including those recently retired and students) rating here

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice's uptake for breast and bowel cancer monitoring was in line the national averages. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	76.1%	72.8%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.3%	75.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.5%	57.3%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	61.9%	70.3%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	33.3%	52.7%	51.6%	No comparison available

People whose circumstances make them vulnerable rating here

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice worked closely with social care colleagues and other professionals and updated care plans of vulnerable patients accordingly to keep them safe.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had identified patients who were severely/ moderately frail. These patients were offered annual reviews with emphasis on falls prevention and medicine reviews.
- Vulnerable patients such as those with learning disability, elderly, patients who are hard of hearing or those whose first language was not English were offered longer consultation times.

**People experiencing poor mental health
(including people with dementia)
rating here**

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to stop smoking services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- Patients had access to the Improving Access to Psychological Therapies (IAPT) service and could self-refer to MIND, the mental health charity for advice when experiencing a mental health problem.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

Mental Health Indicators	Practice	CCG average	England average	England comparison
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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	95.0%	89.5%	No comparison available
Exception rate (number of exceptions).	5.6% (1)	17.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	94.6%	90.0%	No comparison available
Exception rate (number of exceptions).	5.6% (1)	13.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.7%	85.3%	83.0%	No comparison available
Exception rate (number of exceptions).	14.3% (6)	9.0%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	Data Unavailable	537.5
Overall QOF exception reporting	11%	12%	10%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- An audit of patients that received a medicine to treat epilepsy which could be high risk for women of child bearing age had shown that the practice had taken account of the latest safety guidance.
- An audit of patients that received a medicine to treat and prevent irregular heartbeats had shown that they had received the required monitoring.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence:	
The practice supported 35 residents in two local care homes. A designated GP visited the care homes	

every two weeks for a ward round to assess and manage care needs.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.8%	94.9%	95.1%	No comparison available
Exception rate (number of exceptions).	0.7% (8)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The GPs supported patients with discussions about power of attorney (to help make decisions on someone else's behalf when they were unable to do so themselves).• While all clinical staff were knowledgeable about the requirements of the Mental Capacity Act (which aims to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment) we found one clinical staff member had not undergone formal MCA training.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	25
Number of CQC comments received which were positive about the service.	14
Number of comments cards received which were mixed about the service.	11
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Comment cards received were all positive about the care and treatment. However, the cards with mixed reviews were about difficulties with access to appointments and the appointment system.
Patients	We spoke with six patients. They were all positive about the way staff had treated them.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4169	279	122	43.7%	3%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	81.7%	87.9%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	80.2%	86.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.7%	95.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	66.6%	82.4%	83.8%	No statistical variation

Any additional evidence or comments

The lead GP told us that additional reception staff had been recruited to cover busy periods as one measure to improve patient satisfaction.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence
In response to the findings of the 2018 National GP Patient Survey results, the practice had commissioned a survey in May 2018. Of the 197 respondents 91% and 96% respectively had reported the care they had received from the GPs and nurses were either very good or good.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> We spoke with eight patients. They were all positive about the way staff had treated them. One patient described how they had been referred to the healthy lifestyle clinic to ensure they derived the maximum benefit for their medical condition.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	86.6%	92.0%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y

Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: While information about the practice was available on the practice website, similar written information was not available at the practice.	

Carers	Narrative
Percentage and number of carers identified.	1.2% of practice population (51 carers identified).
How the practice supported carers.	The practice was working towards the bronze level investors in carers standard (awarded by the county council, the NHS and Northamptonshire Carers) which recognised efforts made by GP practices in the identification of and support available to carers including the changed culture within the practice to further support carers. Clinical staff supported carers and referred them to appropriate support services, for example the Northamptonshire Carers network. There was a carer's information pack.
How the practice supported recently bereaved patients.	The GP usually contacted the family to offer their personal condolences and to offer any support they may need. This was followed by a bereavement card.

Privacy and dignity

The practice did not always respect patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	N
Explanation of any answers and additional evidence: The reception area was in a very confined space. While reception staff were trained to maintain confidentiality during telephone conversations, face to face conversations at the reception desk could be overheard. This was more relevant in relation to care navigation where patients were invited to share with the receptionist a brief outline of their illness to be navigated to the appropriate clinician and or service. The lead GP told us that the buildings were leased from NHS property services and there was limited scope to extend the building or the layout because of space and planning restrictions. However, the practice was exploring other options such as providing distraction music in the reception area and the possibility of the installation of a sound limiting hood at reception. The practice did not have dedicated baby changing facilities. At the time of our inspection, a vacant room was offered for this purpose. The practice attributed the lack of this facility due to space restrictions.	

Responsive

Rating: Requires improvement

Responding to and meeting people's needs

Services did not meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The reception area was in a very confined space which affected patient confidentiality. The lead GP told us that the buildings were leased from NHS property services and there was limited scope to extend the building or the layout because of space and planning restrictions. However, the practice was exploring other options such as providing distraction music in the reception area and the possibility of the installation of a sound limiting hood at reception.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
As part of the Wellingborough Locality Extended Access Hub, patients can access extended hours as follows which are available at the Albany House Medical Centre, Queen Street, Wellingborough.	
Appointments available:	
Monday -Friday	6.30pm to 8pm
Weekends	8am to 12noon

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4169	279	122	43.7%	3%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.3%	93.7%	94.8%	No statistical variation

Older people

Population group rating: Requires improvement

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, eligible older people were offered flu, pneumococcal and shingles vaccinations.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Longer appointments and home visits were available when needed. The practice provided informative literature and lifestyle advice for most long-term conditions.

Families, children and young people

Population group rating: Requires improvement

Findings

- We found there were systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The needs of this population group 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 offered flexible appointments to maintain continuity of care. Face to face consultations were available on the day as well as pre-bookable up to 14 days in advance.
- Extended hours access was available through the Wellingborough locality extended access Hub at Albany House Medical Centre, Queen Street, Wellingborough during evenings, weekends and bank holidays.
- Telephone consultations with a GP and the nurse were available which supported patients who were unable to attend the practice during normal working hours.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.
- Patients could receive travel vaccinations available on the NHS.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Longer appointments were available for patients with a learning disability.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- Patients that lived in care homes were managed through regular ward rounds, face to face appointments, through a telephone consultation or through telemedicine which allowed remote assessment of care through video/still images.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients had access to the wellbeing service hosted by the local mental health trust for care and support.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were not able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	38.4%	66.7%	70.3%	-
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	48.1%	67.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	47.9%	64.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	56.1%	74.5%	74.4%	No statistical variation

Any additional evidence or comments

The lead GP was aware of the issues related to the appointment system. As a result, staffing at reception had been increased to two during peak times. The advanced nurse practitioner (ANP) had recently left the practice, which had restricted the type of appointment patients could have. However, the practice had successfully recruited to this position with a proposed start date of February 2019. The uptake of online services had been slow and the practice was encouraging patients to book appointments online which potentially could improve telephone access and offer patients better choice of appointments.

Source	Feedback
Interviews with patients.	We spoke with six patients. Four of them told us that they could get an appointment to see a GP or a nurse. Two told us that on the day appointments could be difficult to make via the telephone as they could wait up to 20 minutes to talk to reception staff. All commented that once they had got an appointment the care they had received had been very responsive and met their needs.
Comment cards	Eleven of the 25 comment cards received noted the difficulties in getting through to the practice on the telephone. Most commented on the need to attend the practice before 8am so they could secure an appointment.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	14
Number of complaints we examined.	14
Number of complaints we examined that were satisfactorily handled in a timely way.	14
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Online prescription request delay	Explanation and apology given to patient. Additional staff training given to avoid future repetitions.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence: While there was no succession planning the lead GP was aware of the need to ensure clinical staff capacity met patient care demands. This was demonstrated by the recent recruitment of a salaried GP and the confirmed appointment of the advanced nurse practitioner. The lead GP told us that all GPs and other clinical staff attended development programmes hosted by the CCG including those delivered through the protected learning time initiative.	

Vision and strategy

The practice had a clear vision but some aspects of it were not supported by a credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: There was a set of values and priorities. The practice aimed to provide high quality care. A business plan developed in April 2019 outlined business priorities for the next five years. These included staff training, achieving the QOF, setting of audit priorities including participation in national audits such as the national diabetic audit, partnership working with 3Sixty Care (a GP federation made up of 28 GP practices across the north of Northamptonshire and the local community NHS trust that provides multi-speciality community services), improvements to the telephone system and premises. However, we noted that some priorities lacked detail and timescales, for example improvements to the telephone and premises.	

Culture

The practice had a culture which drove high quality sustainable.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Communications with affected people demonstrated duty of candour had been applied, and clinical staff demonstrated a good knowledge of duty of candour. However not all staff had received duty of candour training.</p>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Practice staff	Staff we spoke with told us of an open culture where the GPs and the practice management encouraged collegiate working. Being a small practice, such an approach benefited not just the staff but also patient care.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Structures, processes and systems to support governance and management were currently managed by the lead GP supported by a practice nurse and the practice manager. There were regular meetings during which issues significant to the delivery of clinical care was discussed and reviewed. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group (PPG).

Feedback
<ul style="list-style-type: none">• We spoke with two members of the PPG. There were currently eight members with approximately four members attending the three-monthly meetings.• They were satisfied with the care provided by the GPs, nurses and practice staff. However, there were issues with the appointment system. Getting through on the telephone could be difficult especially in the morning which resulted in queues outside before the practice opened at 8am. The patient waiting area which incorporated the reception desk was very small and had the potential for personal conversations to be overheard.• The practice arranged meetings and the group met quarterly to consider issues of importance to patients, share these with the practice and obtain feedback. The meetings provided an environment for discussions and agreements about the practice and services provided and members were encouraged to contribute their views and suggestions. The lead GP attended the PPG annually. The practice manager (PM) and another GP usually attended the quarterly meetings.• PPG members attended outside meetings and fed back learning to the PPG, for example a member had recently attended an information event about services available for people affected by mental health issues.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

- In conjunction with 3Sixty Care (a GP federation made up of 28 GP practices across the north of Northamptonshire and the local community NHS trust that provides multi-speciality community services) the practice had introduced telemedicine for patients living in care homes which allowed remote assessment of care through video/still images.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:
<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.