

Dr R Withers & Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R Withers & Partners (Yaxley Group Practice) on 22 November 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 the practice had systems in place for reporting and recording significant events.
- Risks to patients who used services were assessed and well managed.
- The practice was proactive and responsive to patients' needs.
- The practice had identified 270 patients as carers (1.8% of the practice list).
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 100% of the total number of points available which was above the CCG and the England average by 5% with an exception reporting of 17% which was higher than the CCG average by 6% and higher than the England average by 7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or

Summary of findings

certain medicines cannot be prescribed because of side effects). The practice had recognised this and completed searches to ensure that patients had been exception reported appropriately.

- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Ensure consumables in the practice are checked regularly for their expiry date.

The practice had some outstanding elements:

- The practice employed a patients librarian who ran the “Age Well Club” at the practice for the older generation to socialise once a week and a “Full of Beans” exercise class for people over the age of 60. The patients librarian organised and ran a carers support group which met once a month and information was displayed in the waiting area, on the practice website and in the monthly newsletter. The patients librarian took on chaperone duties for patients, completed dementia cognitive initial tests when requested by the GPs, helped young people fill out the C-Card scheme registration form, assisted patients to fill out financial, disability and emotional support applications and referred patients to various support groups. Additional training for these roles had been undertaken. The patients librarian visited patients at their homes when they couldn’t attend the practice to see her. Additional training and a DBS check for these roles had been undertaken.
- A retired GP partner from the practice set up the local food bank in 2015 and the practice had a donation point for food. Vouchers were issued at the practice when GPs identified patients who were in need.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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. For example, the practice wrote a protocol for the management of challenging behaviour after a significant event within 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 arrangements in place to respond to emergencies and major incidents.
- We reviewed a range of personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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.
- Annual infection control audits were undertaken. We saw evidence of recent audits and actions taken to address any improvements identified as a result.
- The practice had a legionella policy and documented risk assessment in place.
- Patient safety alerts were logged, shared and searches were completed to ensure that changes were adequately effected on the relevant patient care records.
- The practice had 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.
- The practice used a Doctor First telephone triage system for the allocation of appointments and the GPs occasionally sat in with each other during telephone triage to ensure efficient and timely triage took place.

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 higher than the clinical commissioning

Summary of findings

group (CCG) and national averages however the practice exception reporting rate was high. The practice had recognised this and completed searches to ensure that patients had been exception reported appropriately.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had staff training monthly and educational meetings fortnightly however the practice should consider keeping appropriate evidence of discussions at these practice meetings to ensure learning can be shared.
- The clinicians had regular meetings to discuss referrals.

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 in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a dignity and respect policy.
- 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.
- The practice had identified 270 patients as carers (1.8% of the practice list).

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 Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- 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.
- The national GP patient survey results were published on 7 July 2016. The results showed that patients rated the practice generally in line with others for access to care.
- The practice used a Doctor First telephone triage system for the allocation of appointments.
- The practice had an e-consult system which allowed patients to consult with their own NHS GP online.
- The practice ran flu clinics on a Saturday and had administered 2300 so far this year. The clinicians included a pulse check during the flu vaccination clinics and long term condition reviews to check for patients with undiagnosed Atrial Fibrillation (an irregular heart rhythm).
- The practice had a screened off area for the self-test blood pressure machine and weighing scales in the waiting area. Patients took readings and filled in a form which then went to the GPs to update patient records.
- A retired GP partner from the practice set up the local food bank in 2015 and the practice had a donation point for food. Vouchers were issued at the practice when GPs identified patients who were in need.
- The practice employed a patients librarian who ran the “Age Well Club” at the practice for the older generation to socialise once a week and a “Full of Beans” exercise class for people over the age of 60. The patients librarian organised and ran a carers support group which met once a month and information was displayed in the waiting area, on the practice website and in the monthly newsletter. The patients librarian took on chaperone duties for patients, completed dementia cognitive initial tests when requested by the GPs, helped young people fill out the C-Card scheme registration form, assisted patients to fill out financial, disability and emotional support applications and referred patients to various support groups. Additional training and a DBS check for these roles had been undertaken. The patients librarian visited patients at their homes when they couldn't attend the practice to see her.

Are services well-led?

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

Good



Summary of findings

- 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 which were in need of updating and regular governance meetings were held.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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 a palliative care register and the practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above the local and national averages.
- The practice looked after patients living in a local care home. The GPs visited patients weekly and as and when required and the practice employed pharmacist completed six monthly medication reviews.

Good



People with long term conditions

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

- Nursing staff and the emergency Care Practitioner had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice completed joint reviews for patients who had two or more long term conditions to ensure patients did not have to attend the practice on multiple occasions. The practice had 198 patients who had two or more long term conditions. Patients were called in for their reviews during their birthday month to aid as a reminder of when reviews were due.
- Data from 2015/16 QOF showed that performance for diabetes related indicators was 100%, which was 10% above the CCG and England averages. The practice's overall exception reporting rate for all of the clinical indicators was 17% which was higher than the CCG average of 11% and the England average of 10%. The practice had recognised this and completed searches to ensure that patients had been exception reported appropriately.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice employed a Pharmacist who regularly reviewed the medication needs of patients.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The health visitors ran a drop in clinic from the practice for patients who needed it. The midwives ran a two weekly clinic from the practice.

Good



Working age people (including those recently retired and students)

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

- 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 offered evening and weekend appointments due to joint working with other local practices which was in addition to the extended hours clinics provided on a Saturday morning.
- The practice had a screened off area for the self-test blood pressure machine and weighing scales in the waiting area. Patients took readings and filled in a form which then went to the GPs to update patient records.

Good



Summary of findings

- 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's uptake for the cervical screening programme was 82% which was the same as the CCG and England averages. The practice exception reporting for the clinical domain was 2% which was better than the CCG average by 7% and the England average by 5%.

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 is rated as outstanding for their responsiveness to patients in this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had 66 patients on the learning disabilities register and all patients had been invited to attend a care review. Last year 43 out of the 66 patients had attended for a care review. The practice completed monthly medication reviews for a select group of patients with learning disabilities in residential care. The practice offered longer appointments for patients with a learning disability.
- The practice completed regular searches of their clinical computer system for patients who may be vulnerable and coded them as appropriate. The practice had 240 patients coded as vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice had been in discussions to commence specific vulnerable adult multi-disciplinary teams meetings.
- 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 during out-of-hours.
- A retired GP partner from the practice set up the local food bank in 2015 and the practice had a donation point for food. Vouchers were issued at the practice when GPs identified patients who were in need.
- The practice employed a patients librarian who ran the "Age Well Club" at the practice for the older generation to socialise once a week and a "Full of Beans" exercise class for people over

Good



Summary of findings

the age of 60. The patients librarian organised and ran a carers support group which met once a month and information was displayed in the waiting area, on the practice website and in the monthly newsletter. The patients librarian took on chaperone duties for patients, completed dementia cognitive initial tests when requested by the GPs, helped young people fill out the C-Card scheme registration form, assisted patients to fill out financial, disability and emotional support applications and referred patients to various support groups. Additional training and a DBS check for these roles had been undertaken. The patients librarian visited patients at their homes when they couldn't attend the practice to see her.

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).

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average by 8% and the England average by 5% with a 10% exception reporting which was higher than the CCG average by 2% and the England average by 3%.
- The practice achieved 100% for mental health related indicators in QOF, which was above the CCG average by 6% and the England average by 7%. The rate of exception reporting for the mental health related indicators was higher than the CCG and England averages. For example; the percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months was 100% which was 8% above the CCG average and 10% above the England average with a 17% exception reporting rate which was 6% higher than the CCG average and 7% above the England average. The practice had recognised this and completed searches to ensure that patients had been exception reported appropriately.
- 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 accident and emergency 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.
- The patients librarian completed dementia cognitive initial tests when requested by the GPs.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. An analysis of all of the results showed the practice was generally performing in line with the local and national averages. 242 survey forms were distributed and 120 were returned. This represented a 50% completion rate.

- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 89% of patients describe their experience of making an appointment as good compared to the CCG average of 94% and the national average of 92%.
- 73% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 62% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and 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 19 comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. One comment card, despite being positive, contained comments on the Doctor First appointment system which stated they felt rushed during the GP telephone consultation (Doctor First is a demand led system that allows Practices to manage patient demand by clinicians talking to all patients. Patients are then assessed on a clinical priority basis).

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Ensure consumables in the practice are checked regularly for their expiry date.

Outstanding practice

- The practice employed a patients librarian who ran the “Age Well Club” at the practice for the older generation to socialise once a week and a “Full of Beans” exercise class for people over the age of 60. The patients librarian organised and ran a carers support group which met once a month and information was displayed in the waiting area, on the practice website and in the monthly newsletter. The patients librarian took on chaperone duties for patients, completed dementia cognitive initial tests when requested by the GPs, helped young people fill out the C-Card scheme registration form, assisted patients to fill out financial,

disability and emotional support applications and referred patients to various support groups. Additional training for these roles had been undertaken. The patients librarian visited patients at their homes when they couldn't attend the practice to see her. Additional training and a DBS check for these roles had been undertaken.

- A retired GP partner from the practice set up the local food bank in 2015 and the practice had a donation point for food. Vouchers were issued at the practice when GPs identified patients who were in need.

Dr R Withers & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr R Withers & Partners

Yaxley Group Practice is situated in Yaxley, Cambridgeshire. The practice provides services for approximately 15000 patients within a 35 mile area. It holds a General Medical Services contract. The practice has five female and three male GP partners and one male and one female salaried GP which equates to 8.5 whole time equivalent GPs. The practice is a training practice and has two GP registrars (A GP registrar or GP is a qualified doctor who is training to become a GP). The team also includes two female nurse practitioners, one female emergency care practitioner, six female practice nurses, two female health care assistants and one female phlebotomist. They also employ a human resources manager, a finance and facilities manager, a clinical administration and operations manager, a team of secretarial, administration and reception staff and a patients librarian.

The practice is open between 8am and 6pm Monday to Friday with additional weekend appointments available on a Saturday between 8am and 12 noon. During out-of-hours GP services are provided by Herts Urgent Care via the 111 service. The practice offered evening and weekend appointments due to joint working with other local practices which was in addition to the extended hours clinics provided on a Saturday morning.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a comparable practice population with the national England average. The deprivation score was significantly lower than the average across England.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, the Emergency Care Practitioner, nursing staff, managers, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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 human resources 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). The Caldicott Guardian was a GP partner who was involved with all Information Governance related incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected.

Overview of safety systems and processes

Risks to patients who used services were assessed and the systems and processes to address these risks were robust enough to ensure patients were kept safe.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an emergency care practitioner as infection control clinical lead who had received extra training and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice completed regular infection control audits. We saw evidence of staff cleaning checks, monitoring of the cleaners and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit. The practice used disposable curtains which were changed every six

months and a deep clean was completed regularly. Bodily fluid spillage kits were available in the practice and a log card was filled in when used. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps injury policy, a risk assessment and a sharps injury procedure available. Clinical waste was stored and disposed in line with guidance. All practice staff had completed infection control e-learning and handwashing technique training.

- We reviewed a range of personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had been in discussions to commence specific vulnerable adult multi-disciplinary teams meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- Arrangements were in place for managing medicines, including emergency medicines and vaccines in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of their employed pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. All staff who acted as chaperones 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 used a Doctor First telephone triage system for the allocation of appointments and the GPs occasionally sat in with each other during telephone triage to ensure efficient and timely triage took place.

Arrangements to deal with emergencies and major incidents

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

Monitoring risks to patients

Risks to patients were assessed.

- There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and regular fire drills had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health and infection control. The practice had a legionella policy and an associated risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water temperatures were checked regularly and taps were run when they were in limited use.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received up to date basic life support training and there were emergency medicines available in the treatment room. 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. We found one item of consumables which was out of date which the practice replaced immediately when notified.
- The practice had a defibrillator available on the premises with adult pads. Oxygen was available with adult and children's masks however one children's oxygen mask was significantly past its expiry date. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 100% of the total number of points available which was above the CCG and the England average by 5% with an exception reporting of 17% which was higher than the CCG average by 6% and higher than the England average by 7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had recognised this and completed searches to ensure that patients had been exception reported appropriately.

Data from 2015/16 showed that the practice generally performed better than the CCG and England averages:

- Performance for asthma related indicators was 100% which was 3% above the CCG and England averages.
- Performance for mental health related indicators was 100% which was 6% above the CCG average and 7% above the England average.
- Performance for diabetes related indicators was 100% which was 10% above the CCG and England averages.
- Performance for dementia related indicators was 100% which was 2% above the CCG average and 3% above the England average.

- Performance for depression related indicators was 100% which was 7% above the CCG average and 9% above the England average.
- Performance for rheumatoid arthritis related indicators was 100% which was 3% above the CCG average and 4% above the England average.
- Performance for chronic kidney disease related indicators was 100% which was 4% above the CCG and England averages.

The practice scored 100% on all of the 19 clinical indicators however their overall exception reporting rate was higher than the CCG and England averages at 17%. The practice had a change in their clinical computer system last year and made the decision to apply the QOF exception reporting rules more than previous years to ensure adequate time to learn the new computer system. The practice had recognised that the exception reporting was higher than the local and England averages and completed searches to ensure that patients had been exception reported appropriately.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits completed in the last two years which were both completed audits where the improvements made were implemented and monitored. For example, an audit of infections in patients following a minor operation in the surgery in 2014 showed that there were 80 patients who had received a minor operation and one patient had got a post-operative infection which required antibiotics. The audit was repeated in 2015 where 53 patients received a minor operation and again one patient had a post-operative infection. The audit showed that the practice had a low incidence of post-operative infection at less than 2% in both audits compared to the acceptable standard of less than 5%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- High risk medications were monitored regularly by the GPs and the practice employed pharmacist by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recall system in

Are services effective?

(for example, treatment is effective)

place was robust and the practice regularly checked that patients had been in for their blood tests and monitoring. The practice actively encouraged patients to attend for their blood tests.

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nursing staff had completed their various updates including immunisations, vaccinations and cervical screening.
- 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received regular 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.

- 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, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had regular informal meetings where the clinical staff discussed referrals.

The practice had staff training monthly and educational meetings fortnightly however the practice should consider keeping appropriate evidence of discussions at these practice meetings to ensure learning can be shared.

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 not monitored the process for seeking consent through patient records audits however advised that it would going forward.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end

Are services effective?

(for example, treatment is effective)

of life care. The practice had a list of patients on their palliative care register and they worked closely with the multi-disciplinary team, out-of-hours service and the nursing team to ensure proactive end of life planning.

The practice's uptake for the cervical screening programme was 82% which was the same as the CCG and England averages. The practice exception reporting for the clinical domain was 2% which was better than the CCG average by 7% and the England average by 5%. There was a policy to offer three reminder letters and telephone reminders for patients who did not attend their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and using clear information for those with a learning disability. 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.

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

- Patients aged 60-69 screened for bowel cancer in the last 30 months was 63% with a CCG average of 59% and an England average of 58%.

- Females aged 50-70 screened for breast cancer in the last 36 months was 82% with a CCG average of 74% and an England average of 72%.

Childhood immunisation rates for the vaccinations given were better than the CCG and England averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97%, with the CCG averages of 70% to 95% and the England averages of 73% to 95%.
- Childhood immunisation rates for the vaccinations given to five year olds ranged from 93% to 98%, with the CCG averages of 88% to 95% and the England averages of 81% to 95%.

The practice ran a search of children who had not attended for immunisations monthly. The practice assessed the risk and where appropriate alerted the health visitors and school nurses.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. The practice had undertaken 201 NHS health checks last year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

From the Care Quality Commission comment cards we received, all 19 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect, however one card detailed an issue with the Doctor First appointment system which stated they felt rushed during the GP telephone consultation.

We spoke with two members of the patients association. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% 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%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed 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 generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages however some results were lower. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients to 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 however the practice did not have the practice population that warranted it. We did not see notices in the reception areas informing patients this service was available however the reception staff made patients aware when they registered.
- Information leaflets were available in easy read format.
- A chaperone service was offered to patients and clearly advertised in the waiting area and in the clinical rooms.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets, notices and an information screen were available in the patient waiting area which told

patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website and from the patients librarian.

The practice had identified 270 patients as carers (1.8% of the practice list). A form was given to patients during registration to state whether they were a carer or cared for. Written information was available to direct carers to the various avenues of support available to them. The practice had a patients librarian who ran a weekly carers support group, helped patients fill out documents, applications and forms for various support whether emotional or financial support and ran exercise classes and a club for the older generation called "Age Well".

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered evening and weekend appointments due to joint working with other local practices which was in addition to the extended hours clinics provided on a Saturday morning.
- The practice used a Doctor First telephone triage system for the allocation of appointments.
- The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice had an e-consult system which allowed patients to consult with their own GP online.
- The practice had 66 patients on the learning disabilities register and all patients had been invited in for a care review. Last year 43 out of the 66 patients had attended a care review. The practice offered longer appointments 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.
- Same day appointments were available for children and those patients with medical needs that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice ran flu clinics on a Saturday and had administered 2300 so far this year. The clinicians included a pulse check during the flu vaccination clinics and long term condition reviews to check for patients with undiagnosed Atrial Fibrillation (an irregular heart rhythm).
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered minor surgery on site. This included coil and contraception implants.
- The practice had in house phlebotomy appointments.
- The practice had a screened off area for the self-test blood pressure machine and weighing scales in the waiting area. Patients took readings and filled in a form which then went to the GPs to update patient records.

- A retired GP partner from the practice set up the local food bank in 2015 and the practice had a donation point for food. Vouchers were issued at the practice when GPs identified patients who were in need.
- The practice employed a patients librarian who ran the "Age Well Club" at the practice for the older generation to socialise once a week and a "Full of Beans" exercise class for people over the age of 60. The patients librarian organised and ran a carers support group which met once a month and information was displayed in the waiting area, on the practice website and in the monthly newsletter. The patients librarian took on chaperone duties for patients, completed dementia cognitive initial tests when requested by the GPs, helped young people fill out the C-Card scheme registration form, assisted patients to fill out financial, disability and emotional support applications and referred patients to various support groups. Additional training and a DBS check for these roles had been undertaken. The patients librarian visited patients at their homes when they couldn't attend the practice to see her.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available on a Saturday between 8am and 12 noon. The practice offered evening and weekend appointments due to joint working with other local practices which was in addition to the extended hours clinics provided on a Saturday morning. Only GPs could pre-book GP appointments for patients with the exception of minor operations, six week checks and chronic disease reviews which could be booked via the reception team, however nurse appointments could be booked up to ten weeks in advance by patients. The Doctor First appointment system meant that urgent appointments as well as routine appointments were available on the same day for people that needed them (Doctor First is a demand led system that allows Practices to manage patient demand by clinicians talking to all patients. Patients are then assessed on a clinical priority basis). The practice offered online appointment booking, prescription ordering and access to the patient's own medical record.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 89% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.
- 73% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 64% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG and national averages of 65%.
- 59% of patients said they don't normally have to wait too long to be seen compared to the CCG and national averages of 58%.
- 57% of patients who responded said they could usually get to see or speak to their preferred GP compared to the CCG and national average of 59%.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster in the waiting room, information in the practice leaflet and on the practice website.
- We looked at a range of complaints received in the last 12 months and found these were satisfactorily handled however some were acknowledged later than the practice complaints policy stated but were handled with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Actions were taken as a result to improve the quality of care. For example, a patient was unhappy with a sickness certificate issue and how the reception team handled it. The clinical administration and operations manager issued an immediate apology and explained that further training would be delivered on the correct procedure when providing the certificates to patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 members of staff however some were in need of updating. The practice had recently employed a new staff member whose duties would include updating the policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 to ensure 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.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The NHS friends and family test results for 01/04/2015 through to 31/03/2016 were 53% of patients who completed the test said they were extremely likely or likely to recommend the practice to friends and family. 7% were neither likely or unlikely to recommend and 38% were unlikely or extremely unlikely to recommend the practice. There were a total of 43 tests completed in the 12 months.
- The practice had gathered feedback from patients through the patients association, social media, NHS choices and through surveys and complaints received. The patients association had been established for 33 years, met every six weeks and had a close working partnership with the practice where they submitted proposals for improvements to the management team. The patients association had 12 members on the committee however all patients registered at the practice automatically join the patients association and

Are services well-led?

Good 

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

are encouraged to get involved. It is a registered charity and regularly fund raise to help buy equipment for the practice. For example, the waiting area patients blood pressure machine and an electrocardiogram (ECG). Some of the events the patients association held to raise money were; quiz and dinner night, song nights and sponsored walks. The patients association regularly attend the flu clinics to sell raffle tickets, encourage the friends and family test survey and the practice own patient survey completion. The patients association regularly attended the Yaxley fair to give out practice information and patient surveys.

- The practice patient survey included questions regarding access to the practice and clinicians, conduct of the clinician during the consultation/treatment, ease of ordering repeat prescriptions and use of the online features. The practice had put in place an action plan following the friends and family and practice patients survey results to address any trends which presented.
- The patients association part funds the patients librarian role at the practice. The role was set up in 1991 as a part time position however due to the positive feedback from patients and more activities incorporated into the position, the role was made full time in 2005. The patients librarian ran the “Age Well Club” at the practice for the older generation to socialise once a week. They regularly had speakers attend and displayed a monthly agenda in the waiting area. The club cost was £2 per week to cover the speaker, tea, coffee and biscuits. The patients librarian ran a “Full of Beans”

exercise class for people over the age of 60. The class cost was 20 pence to cover refreshments. There was a carers support group which met once a month and information was displayed in the waiting area, on the practice website and in the monthly newsletter. The patients librarian took on chaperone duties for patients, completed dementia cognitive initial tests when requested by the GPs, helped young people fill out the C-Card scheme registration form, assisted patients to fill out financial, disability and emotional support applications and referred patients to various support groups. Additional training and a DBS check for these roles had been undertaken. The patients librarian visited patients at their homes when they couldn't attend the practice to see her.

- The practice had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.

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. For example; the practice took part in NHS supported research studies and trained doctors who were learning to become GPs.