

Care Quality Commission

Inspection Evidence Table

The Cottons Medical Centre (1-562924493)

Inspection date: 4 December 2019

Date of data download: 03 December 2019

Overall rating: Inadequate

We rated the practice as Inadequate overall as the practice was rated Inadequate for providing a safe and well-led service.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Inadequate

The systems, processes and practice that helped to keep patients safe and safeguarded from abuse were insufficient.

There were gaps in the systems to assess, monitor and manage risks to patient's safety. There was a lack of a systemic approach for ensuring patient safety alerts had been actioned.

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

Safety systems and processes

The practice did not have 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	No*
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	No*
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	No*

Safeguarding	Y/N/Partial
There was active and appropriate engagement in local safeguarding processes.	No*
The Out of Hours service was informed of relevant safeguarding information.	No*
There were systems to identify vulnerable patients on record.	No*
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	No*
<p>Explanation of any answers and additional evidence:</p> <p>On the day of the inspection we found that the systems and processes the practice had in place in regard to keeping people safe and safeguarded from abuse were not effective.</p> <p>We found that the safeguarding lead did not know how to access the safeguarding register on the patient record system, to ensure that staff were aware and were able to take steps to protect children, young people and vulnerable adults where there were known risks and could respond appropriately to any signs or abuse or improper treatment. We were told at the inspection that the administrative staff maintained the safeguarding registers on behalf of the safeguarding lead. We could not be assured that the safeguarding lead and other staff members had received the appropriate level of training required. The safeguarding lead had delivered safeguarding training to other members of staff and we could not be assured that this was appropriate or to the correct level for their role. The Northamptonshire Clinical Commissioning Group confirmed that the safeguarding lead was not up to date with safeguarding training at the time of the inspection. Since the inspection the practice had supplied the Care Quality Commission with training information for the safeguarding lead. Face to face training took place in 2017 and 2018 but was not clear if the training covered Adults and Children. On line training for safeguarding lead for Safeguarding Children Level 3 was completed on 17 January 2018 and Safeguarding Adults on 3 April 2019. As we were told the safeguarding lead provided the training for all staff we were still not assured that all staff members had received the appropriate level of training required.</p> <p>In three patient records we reviewed with safeguarding concerns we found that records were not accurate and there had not been any reviews of their safeguarding status.</p> <p>Although there was some evidence of discussion between the practice and other providers, there was no formal process in place to ensure regular safeguarding information sharing meetings took place between the practice and other appropriate agencies. This meant that the CQC could not be assured that safeguarding matters which related to service users were being appropriately dealt with. Since the inspection the practice told us they carried out multi-disciplinary meetings every month and we will review the information at the next inspection.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes

Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence:	

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: 12/6/19	Yes
There was a record of equipment calibration. Date of last calibration: 12/6/19	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes
There was a log of fire drills. Date of last drill: 10/7/19	Yes
There was a record of fire alarm checks. Date of last check: 28/11/19	Yes*
There was a record of emergency lighting checks. Date of last check: 6/11/19	Yes*
There was a record of fire training for staff. Date of last training:	Partial*
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	No*
Actions from fire risk assessment were identified and completed.	No*
A legionella risk assessment had been completed. Date of Completion:4/4/18	Yes
Actions from legionella risk assessment were identified and completed.	No*
Explanation of any answers and additional evidence:	
We found there was gaps in the weekly fire alarm testing, for example, 17 January 2019 to 31 January 2019 and 4 th July 2019 to 25 July 2019.	
We found there were gaps in the monthly emergency lighting testing, for example, February 2019.	

Since the inspection the management team told us that the testing had taken place and it had been an error in the records and was diarised to take place every month throughout 2019.

We looked at Fire Safety and saw a fire risk assessment checklist and a five-point checklist completed on 30 September 2019 to support a fire risk assessment. A full fire risk assessment was not in place. There were no details of the emergency routes, exits, fire detection and warning systems, fire fighting equipment, emergency fire evacuation plan, the needs of vulnerable people and information on staff fire safety training. However, we did see in the main office area a fire map which gave guidance to staff on emergency routes, exits, fire safety equipment.

Since the inspection the practice had a fire risk assessment carried out by an external company on 19 December 2019.

The GPs had not received fire training but the rest of the staff had received relevant fire training. We were sent further information of e-line fire safety training and all the GPs had completed the module after the inspection.

We looked at the legionella risk assessment and saw that water temperature monitoring was required on a monthly basis. The practice had carried out the monitoring on a monthly basis but we saw there were a number of months when temperatures were recorded below the recommended level of 50 degrees Celsius and no action had been taken. We spoke with the practice manager who told us he was not aware that there had been any problems.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	No*
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	No*
Explanation of any answers and additional evidence: We spoke with the management team in regard to a premises risk assessment. We were told that the building was not owned by the partners and they did not have a premises risk assessment in place. They told us they would contact the owner after the inspection. The practice had not carried out any health and safety risk assessments. For example, slips trips and fall, manual handling. Since the inspection the management team had sent us a copy of the practice risk register and told us they had carried out 36 health and safety risk assessments which included slips, trips and falls and we will review this information at the next inspection.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes

Date of last infection prevention and control audit: 1/10/19	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Partial*
<p>Explanation of any answers and additional evidence:</p> <p>We found that the three clinical waste bins that were stored outside were locked but not secured to the wall. We spoke with the management team who told us they would deal with this immediately. Since the inspection the practice had secured the clinical waste bins to the wall.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were a number of administration and reception staff who were able to cover various roles which ensured all tasks were covered when staff were on leave or sick.</p>	

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment.

	Y/N/Partial
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Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	No
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was no policy in place in respect of summarising of new patient notes. There was a process in place whereby patient records were sent away to be digitalised and once returned to the practice the patient records were summarised and added to the patient record. We were told there was a backlog of unsummarised patient records which was being reduced but currently stood at approximately 300 records. There was no oversight as to which records should be prioritised for summarisation. There was no documented action plan in place to identify how the backlog would be managed.</p> <p>Since the inspection the practice had put an action plan in place in relation to the summarisation of patient records. A monthly search would be carried out to ensure the number of records that required summarisation were reduced.</p>	

Appropriate and safe use of medicines

The practice did not always have 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) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	1.03	0.95	0.87	No statistical variation
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).	7.0%	7.8%	8.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/10/2018 to 30/09/2019) (NHSBSA)				
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	6.66	6.04	5.60	Tending towards variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	2.29	2.11	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial*
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes*
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.	Partial*
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	No*
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Blank prescriptions were kept securely and there was a system in place for monitoring their use. However, this did not include tracking the movement of prescriptions to individual rooms. Since the inspection the practice now tracked the movement of prescriptions to individual rooms.</p> <p>Staff we spoke with told us there was no formal process in place for clinical supervision. They had informal discussions with GPs in regard to individual patients, but no documentation was in place.</p> <p>At this inspection we looked to see if staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions). The practice had these in place but the signature sheet for each PGD to demonstrate the appropriate staff had signed was not found with the PGD's. We saw that the sheets were kept in the staff personnel files. The lead nurse told us that going forward a copy of the signature's sheets would be kept in the PGD file for information. Since the inspection copies of signed PGDs were now kept in the PGD file.</p> <p>On the day of the inspection the lead GP told us that the practice used remote consultations to support care and treatment of the patients registered at the practice. However, we found that the practice did not have any protocols in place to provide guidance to staff which covered remote consultations or how they managed any perceived risks which included safeguarding of vulnerable children and adults at risk of abuse and neglect. Since the inspection the practice had provided us with a communication policy which encompassed the use of remote consultations.</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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial*
Number of events recorded in last 12 months:	7

Number of events that required action:	7
Explanation of any answers and additional evidence: Staff we spoke with were able to describe significant events and the learning from them but there was limited evidence of discussion of significant events and identified learning from them in the meeting minutes we reviewed.	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Difficulty administering medication to a patient	The practice raised a medicines alert through the national 'yellow card' scheme and returned the batch of medicine to the manufacturer for investigation. They also changed the type of medication for the patient.
The temperature of the vaccine refrigerator went out of range.	The practice followed their cold chain policy. They sought external advice and destroyed all affected vaccines. Cold chain training was re-inforced and the process strengthened by reducing the recording interval of the data logger to every 10 minutes in order to avoid a reoccurrence.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	No
Staff understood how to deal with alerts.	No*
Explanation of any answers and additional evidence: We found the practice did not have an effective system for ensuring that Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts were received and actioned appropriately. We reviewed the patient safety alert spreadsheet and found that the practice had not received all the patient safety alerts distributed by the various agencies and there was no evidence of how they had been shared and actioned. The practice were unable to evidence that all staff were aware of any relevant alerts to the practice and where they needed to take action.	

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	No*
<p>Explanation of any answers and additional evidence:</p> <p>On the day of the inspection the lead GP told us that they used remote consultations to support care and treatment of the patients registered at the practice. However, we found that the practice did not have any protocols in place to provide guidance to staff which covered remote consultations or how they managed any perceived risks which included safeguarding of vulnerable children and adults at risk of abuse and neglect.</p>	

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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.69	0.73	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice told us they had 180 patients who had care plans in place. However, due to lack of time, care plans were not getting reviewed and updated in a timely manner.
- On the day of the inspection we found that the systems and processes the practice had in place in regard to keeping people safe and safeguarded from abuse were not effective.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital.
- The practice carried out structured annual medication reviews for older patients.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- On the day of the inspection we found that the systems and processes the practice had in place in regard to keeping people safe and safeguarded from abuse were not effective.
- The practice told us they had 180 patients who had care plans in place. However, due to lack of time, care plans were not getting reviewed and updated in a timely manner.
- Patients with long-term conditions were offered 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.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients could use an on-line service called Doctor Link where they could access advice and appointments. The aim of this on-line service was to signpost patients to the most appropriate clinician. The practice had completed an audit of Doctor Link and from June to October 2019, 152 patients had accessed this on-line service.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	91.7%	82.6%	79.3%	Variation (positive)

the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	26.0% (166)	17.5%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.2%	79.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	13.0% (83)	11.2%	9.4%	N/A

	Practice	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.8%	82.2%	81.3%	No statistical variation
Exception rate (number of exceptions).	21.0% (134)	14.6%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.1%	77.1%	75.9%	Tending towards variation (positive)
Exception rate (number of exceptions).	17.0% (111)	9.9%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.2%	92.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	18.0% (40)	14.9%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.9%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.9% (113)	4.4%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.3%	93.4%	91.1%	No statistical variation
Exception rate (number of exceptions).	6.4% (11)	4.4%	5.9%	N/A

Any additional evidence or comments

We spoke with the Lead GP in regard to exception reporting and they were aware that this was higher than the CCG average. They told us that before they exception reported a patient they contacted them on three occasions. Records we reviewed demonstrated that this was appropriate in the last 12 months. After the third time they reduced the supply of medication to seven days in order for the patient to contact the practice to organise a medication review.

Families, children and young people

Population group rating: Good

Findings

- On the day of the inspection we found that the systems and processes the practice had in place in regard to keeping people safe and safeguarded from abuse were not effective.
- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators.
- 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.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) <small>(NHS England)</small>	79	80	98.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation	106	107	99.1%	Met 95% WHO based target

for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)				
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) (01/04/2018 to 31/03/2019) (NHS England)	105	107	98.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	105	107	98.1%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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.
- 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) (01/04/2017 to 31/03/2018) (Public Health England)	80.4%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	82.4%	74.9%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	62.0%	56.6%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months,	90.0%	69.4%	69.3%	N/A

who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) ^(PHE)				
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) ^(PHE)	45.7%	53.0%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- On the day of the inspection we found that the systems and processes the practice had in place in regard to keeping people safe and safeguarded from abuse were not effective.
- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- On the day of the inspection we found that the systems and processes the practice had in place in regard to keeping people safe and safeguarded from abuse were not effective.
- 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. Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.

- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	96.8%	93.6%	89.4%	No statistical variation
Exception rate (number of exceptions).	6.1% (4)	17.2%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.5%	94.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.1% (4)	13.5%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.8%	84.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	3.9% (4)	9.0%	6.7%	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)	558.7	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.9%	No Data	96.4%
Overall QOF exception reporting (all domains)	9.1%	No Data	No Data

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

Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- Antibiotic Audit – two full cycles. First audit in March 2019 demonstrated 81% compliance with national guidelines. Second audit in November 2019 showed that the practice was 100% compliant with national guidelines.
- A Statin audit, a medicine that reduces cholesterol in the blood took place in August 2019. It was found that not all the relevant bloods were taken prior to a prescription being given. Audit to be repeated in early 2020.

Any additional evidence or comments

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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial*
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: Staff we spoke with told us they had there was no formal process in place for clinical supervision. They had informal discussions with GPs in regard to individual patients, but no documentation was in place.	

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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 (01/04/2018 to 31/03/2019) <small>(OOF)</small>	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

Staff were not 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
Patients were signposted to different avenues of support and community services.	

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.3%	94.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.1% (30)	0.8%	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	39
Number of CQC comments received which were positive about the service.	33
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comments Cards	Staff caring and supportive. Professional staff very polite, understanding and helpful Always listened too Reception staff helpful and efficient Treated with dignity and respect Mixed responses – main area of concern was in regard to getting an appointment.
Patient	Practice very good. Always feels better when they walk out than when they walk in. Receptionists very helpful.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9829.0	269.0	112.0	41.6%	1.14%

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 (01/01/2019 to 31/03/2019)	81.9%	87.6%	88.9%	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 (01/01/2019 to 31/03/2019)	77.7%	86.5%	87.4%	Tending towards variation (negative)
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 (01/01/2019 to 31/03/2019)	94.3%	94.8%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	72.3%	81.8%	82.9%	No statistical variation

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

Any additional evidence

The practice had not carried out its own patient survey or reviewed the GP patient survey data however they collated family and friend's information on a monthly basis.

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

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 (01/01/2019 to 31/03/2019)	92.5%	92.8%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	387 patients had been identified as carers which equated to 3.9% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice had appointed a carers champion who liaised with Northamptonshire Carers and identified areas of support for carers. The practice had recently achieved the Silver Carers award and intended to work towards the Gold award in the future. There was a carers board in the waiting room which was kept up to date by the carers champion and the local Northamptonshire Carers group.
How the practice supported recently bereaved patients.	If GPs had been involved in the patient's care at the time of their death, they contacted the family directly to offer support.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: Receptionists at The Cottons Medical Centre had received training as care navigators, which helped them to direct patients to the most appropriate source of help. Receptionists were then able to refer patients to information about other services that were available, either in the practice, through other NHS providers or the wider care and support sector. Patients could book appointments by using 'Patient Access'. Patient Access allowed patients to book appointments and order repeat prescriptions online. Patients could use an on-line service called Doctor Link where they could access advice and appointments. The practice aimed to call the patient back within two hours and to reduce waiting times for appointments.	

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 7.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 12 noon and 2.00pm to 6.30pm
Tuesday	8am to 12 noon and 2.00pm to 6.30pm
Wednesday	8am to 12 noon and 2.00pm to 6.30pm
Thursday	8am to 12 noon and 2.00pm to 6.30pm

Friday	8am to 12 noon and 2.00pm to 6.30pm
	Telephone consultations each day from 8am to 12.30 midday

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9829.0	269.0	112.0	41.6%	1.14%

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 (01/01/2019 to 31/03/2019)	89.7%	94.3%	94.5%	No statistical variation

Any additional evidence or comments

The practice collated family and friend's information on a monthly basis.

The PPG had carried out a patient survey from 26 October 2019 to 2 November 2019. 106 patients completed the forms and the survey centred around patient access, the use of Doctor Link and on-line consultations.

84% of patients who completed the survey were aware of patient access and 62% used it.

61% of patients had heard of Doctor Link and 50% had signed up with the practice to use it.

32% of patients were aware of the GP Extended Access Hub.

61% of patients were in favour of the On-line consultation facility.

Older people

Population group rating: Good

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.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local community team to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was

coordinated with other services.

- The practice held First for Wellbeing clinics on alternate Friday mornings. The clinics were held for non-medical matters for topics such as stopping smoking, weight management.

Families, children and young people

Population group rating: Good

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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Unwell children could be referred to the Community assessment and treatment of children at home (CATCH) team and be seen on the same day.

Working age people (including those recently retired and students)

Population group rating: Good

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 was open until 7.30pm on a Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available at the Extended Access Hub on Saturday and Sunday 8am to 12 midday.
- Self-referral forms for physiotherapy, podiatry and the gym were on the practice website.
- Patients could use an on-line service called Doctor Link where they could access advice and appointments. The aim of this on-line service was to signpost patients to the most appropriate clinician.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice were keen to support the Armed Forces Veterans. Information on support for veterans could be found on the practice website.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

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.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients could be referred to Improving Access to Psychological Therapies (IAPT) if they experienced anxiety disorders and depression.

Timely access to the service

People were 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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: Requests for home visits were triaged by one of the GPs in order to assess the level of urgency.	

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 (01/01/2019 to 31/03/2019)	53.3%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	59.3%	65.9%	67.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
the overall experience of making an appointment (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	56.9%	63.8%	64.7%	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 (01/01/2019 to 31/03/2019)	70.9%	74.3%	73.6%	No statistical variation

Source	Feedback
NHS Choices	<p>The patient responses on NHS Choices were mixed results.</p> <p>I cannot fault the service provided by this surgery. It has a great team that work very hard to give the best service to us patients.</p> <p>It's a very busy surgery but you will always get an appointment if necessary. The staff are excellent.</p> <p>This Surgery is not fit for purpose. No appointments, Doctors names change weekly. Having to ring at 8 am on a Friday or a Monday to be then told no appointments.</p>

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.	11
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
The complaints we reviewed were well responded to in a timely way. However, although the complaints procedure was displayed in the waiting room, complaints forms were not readily available	

nor was there easily accessible information available on the practice website advising patients on how to raise a complaint. There was no process to capture verbal complaints in order to identify any themes or trends.

There was limited evidence of discussion of complaints and identified actions and learning from them in the meeting minutes we reviewed.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient dissatisfied with experience of booking a number of separate appointments.	Apology given to patient and learning identified for reception staff regarding which staff to allocate certain types of appointments to.
Patient unhappy that GP was reading emails regarding other patients during their consultation.	Apology given to patient and practice investigating privacy screens for computers to ensure confidentiality.

Well-led

Rating: Inadequate

The practice has been rated as Inadequate for providing a well-led service as the governance arrangements were ineffective.

The practice did not always have clear and effective processes for managing risks, issues and performance.

The practice did not always act on appropriate and accurate information.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: We were told by the management team that each GP partner had both clinical and non-clinical responsibilities. These covered areas such as QOF, enhanced services and management of the practice. Each department had a GP lead and a deputy. Any issues would be discussed with the GP lead and then discussed at the partners business meetings where necessary.	

Vision and strategy

The practice had a clear vision which was 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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes*
Explanation of any answers and additional evidence: The Cottons Medical Centre mission statement was that "Each and every patient matters" and they aim to "Provide patients with high quality medical care".	

The practice had been successful in its application for funding to build an extension to the surgery. Five additional consulting rooms and an additional waiting area were planned in preparation for an increase in the number of patients registering at the practice.

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Partial*
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection the lead GP told us that they took the health and well-being of GPs seriously and had plans in place for the GPs to have an early start and finish once a week, with administrative time added in to their daily workload. However, we did not find any evidence that the nursing team's health and well-being was considered, as we saw and heard that they often worked through their breaks and carried out home visits after their working day.</p> <p>The practice were in the process of purchasing gym equipment for staff to access if they so wished.</p>	

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

Source	Feedback
	Staff we spoke with were very enthusiastic about their roles and told us that the whole practice worked as a team and that all the GPs and management were very approachable.
	Staff said they were supported to develop within their roles, as well as trained to move from into extended clinical roles.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial*
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Partial*
Explanation of any answers and additional evidence:	
<p>The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.</p> <p>The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.</p> <p>The practice organised and delivered services to meet patients' needs.</p> <p>However, not all the systems and processes were operated effectively. For example:-</p> <p>We found systems and processes were not established or operated effectively to ensure compliance with safeguarding service users from abuse and improper treatment.</p> <p>Risks were assessed but not all the actions required had been completed. For example, fire and legionella.</p> <p>The system in place for patient safety alerts was not effective.</p> <p>The system the practice had in place for the summarisation of patient's notes was not effective.</p> <p>The practice had not, in all cases, ensured that care planning had taken place and been reviewed in a timely manner.</p> <p>The practice occasionally used remote consultations such as 'What's App' and 'Facetime' but did not have governance arrangements in place.</p> <p>Learning and actions from significant events and complaints was not always demonstrated from records we looked at.</p> <p>No action had been taken to improve patient satisfaction.</p> <p>Whilst we saw evidence of some meetings taking place, minutes did not include all areas of practice governance and allow opportunities for learning.</p>	

Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and	No*

improved.	
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial*
A major incident plan was in place.	Yes*
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Risks were assessed but not all the actions required had been completed.	
The system the practice had in place for the summarisation of patient's notes was not effective. The practice had a considerable backlog but on the day of the inspection we found there was a lack of oversight and there was not a robust plan in place to clear the backlog.	
A business continuity plan was in place but the risks had not been mitigated.	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial*
There were effective arrangements for identifying, managing and mitigating risks.	Partial*
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: Risks were assessed but not all the actions required had been completed.	
The system the practice had in place for the summarisation of patient's notes was not effective.	

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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the	Yes

needs of the population.	
<p>Explanation of any answers and additional evidence:</p> <p>The Patient Participation Group (PPG) produced a quarterly newsletter. We saw the Late Summer 2019 newsletter in which a variety of topics were discussed. These included the function of the PPG, details of the surgery extension, use of Chain SMS to send information to patients, do not attend results, flu vaccination programme, staff updates and signposting to a diabetes network, Healthwatch Northamptonshire and Northamptonshire adult social services.</p> <p>The PPG had carried out a patient survey from 26 October 2019 to 2 November 2019. 106 patients completed the forms and the survey centred around patient access, the use of Doctor Link and on-line consultations.</p> <p>84% of patients who completed the survey were aware of patient access and 62% used it. 61% of patients had heard of Doctor Link and 50% had signed up with the practice to use it. 32% of patients were aware of the GP Extended Access Hub. 61% of patients were in favour of the On-line consultation facility.</p>	

Feedback from Patient Participation Group.

Feedback
<p>Members of the PPG told us that the practice did the best they can with the restrictions they had within the building. They hoped that the new building would help. They told us they would recommend the practice to family and friends.</p>

Any additional evidence
<p>Family and Friends Testing (FFT) – dated from 2 October 2018 to 30 September 2019. 1967 patients completed the forms of which 88% would recommend the practice to family and friends.</p> <p>FFT Data from November 2019 – 92% would recommend the practice to family and friends.</p>

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.	Yes
Learning was shared effectively and used to make improvements.	Partial*
<p>Explanation of any answers and additional evidence:</p> <p>The practice was a GP training practice. They had GP registrars and also had medical students from University of Cambridge and Nursing students from the University of Northampton.</p> <p>There was a lack of documented evidence of how learning had been shared. Since the inspection we were told that learning was shared predominantly through monthly training and Protected Learning Time. We will review the information at the next inspection.</p>	

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.