Derby Road Health Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Derby Road Health Centre on 6 July 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and near misses, and we saw evidence that learning was applied.
- The practice used proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, working with the local diabetes specialist nurse to improve the wellbeing of patients.
- There was easy access to appointments for patients with a range of appointments on offer including telephone consultations. The practice had invested in increasing the number of appointment telephone lines reducing waiting times for patients calling to book appointments or speak to a GP. This was successful and the results from the national patient survey on access were above average.
- The practice demonstrated a caring approach and held a 'Tender Loving Care' list for people who needed extra support, in addition to their vulnerable patients register. Patients on this list were offered open appointments and guaranteed to see a healthcare professional if their named GP was not available. Feedback from patients about their care was consistently positive
- The practice responded to the needs of their patients by providing services which were no longer commissioned locally such as a toe nail cutting service for the elderly in need of foot care.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care to keep vulnerable patients safe.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- The practice actively reviewed complaints to see if there were any recurrent themes, and identified issues where learning could be applied to improve patient experiences in the future.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was documented and reviewed by the management on a regular basis.
- The practice had strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the partners.

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?

Good

The practice is rated as good for providing safe services.

- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system was in place for reporting and recording significant events.
- These were investigated and lessons were shared at team meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- Risks to patients were recognised by all staff and were well managed. The practice had systems in place to deal with emergencies, and arrangements for managing medicines were robust.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing consistently in line with local practices on QOF . Patient outcomes for indicators such as heart failure and mental health were better than the local CCG averages.
- Clinical audits demonstrated quality improvement. The practice had undertaken a number of audits in the last year, some of which had been repeated this year.
- 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. Formal

Summary of findings

multidisciplinary meetings were held monthly to discuss patients at high risk of admission to hospital, and informally discussed every week due to the close proximity of the community matrons who were based in the same building.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The practice held a 'Tender Loving Care' list for people who needed extra support, in addition to their vulnerable patients register. Patients on this list were offered open appointments and guaranteed to see a healthcare professional if their named GP was not available.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 91% of patients said the last GP they saw or spoke to was good at listening to them, compared to the CCG average of 87% and national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This aligned with feedback from completed comment cards.
- 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.
- Views of external stakeholders were strongly positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a nurse practitioner or a GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises such as the counselling service. Patients were encouraged to self-refer to the service as well as to acupuncture and physiotherapy services.
- Extended opening hours were offered to facilitate access for working patients.

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.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The practice 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. There was a well engaged patient participation group (PPG) which influenced practice development. The PPG met three times a year and made suggestions for improvements to the practice.
- The practice was committed to education and engaged in pilot schemes to enhance their skills.
- The GPs sat on a number of local health committees where they were able to influence decisions on health care affecting their patients.

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

Good

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. They offered home visits, same day telephone appointments and urgent appointments for those with enhanced needs. Phlebotomy, ear syringing, joint injections and chronic disease monitoring home visits were offered to housebound patients.
- The practice provided an in-house toe nail cutting service not funded by the NHS, to enable better foot care in the elderly. There were seven 30 minute appointments provided weekly and there was a small fee charged to patients using the service.
- The GPs discussed elderly patients who may be at risk of being vulnerable with multi-disciplinary teams including district nurses, social workers and local care coordinators to ensure patient needs were met and referrals to other services were made promptly.
- The practice hosted a seated exercise class weekly at the surgery provided by the local Falls team.
- All over 75s had a named GP for continuity of care. There were 639 patients aged 75 years and over, 77% of whom had been invited for annual health checks in the preceding 12 months as part of the chronic disease management recall system.
- Practice supplied data showed 55% of eligible patients were given flu vaccinations, and these included patients aged 65 and over. 74% of patients aged 75 years and over had been given flu vaccinations.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.
- The practice had good access for wheelchairs and height adjustable couches for patients who may need them.

People with long term conditions

Good

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

- The practice had a recall system for patients with long term conditions, audited on a monthly basis to identify patients who

are due for a review. Patients were sent reminders in the month of their birthday to attend an annual check which incorporated a review of their long term conditions, and those who did not attend were followed up to book another appointment.

- All clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A structured annual review was carried out 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.
- There was evidence of coordinated care with multi-disciplinary teams between the nursing staff and community matrons, diabetic specialist nurses and care coordinators to improve the outcomes for the patients.
- There were a large number of leaflets providing education and self-care advice and patients were directed to online resources. A specialist diabetes nurse visited the practice monthly to review complex patients and provide support to the nursing staff.
- QOF achievement on indicators for diabetes was consistently in line with CCG averages. For example, the percentage of patients with diabetes on the register who had a foot examination and risk classification in the preceding 12 months was 92%, compared to a CCG average of 85% and national average of 88%.
- QOF achievement on indicators for heart failure and chronic obstructive pulmonary disease were broadly in line with national averages. The practice achieved 100% on heart failure, compared to a CCG average of 94% and national average of 98%. The exception reporting rate was 9.7%, in line with the CCG average of 9% and national average of 9.3%.
- Longer appointments and home visits were available and offered when needed.
- The practice provided weight management clinics with referrals offered to local gyms for exercise. They promoted self-referral to services such as podiatry, physiotherapy and psychological therapies, whose clinics were offered in the practice premises.

Families, children and young people

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

Good

Summary of findings

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. 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.
- The practice held meetings every six weeks with the health visitor and midwife, and also reviewed any children on a child protection plan at their clinical meetings.
- Immunisation rates were consistently above the CCG averages for standard childhood immunisations. Vaccination rates for children under two years ranged from 91% to 97%, compared against a CCG average ranging from 91% to 96%. Vaccination rates for five year olds ranged from 80% to 92%, compared to the CCG average of 87% to 95%. Patients new to the country with children under six years old were invited to see the nurses to discuss immunisations and ensure their records were written accurately.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.
- There were services tailored to the needs of younger patients, including students. For example, the practice provided a meningitis vaccination for students going to university for the first time up to 25 years old, sexual health screening and C cards, and a scheme for the provision of free condoms. Practice supplied data showed 6.7% of patients aged 15 to 24 years had undertaken sexual health screening in 2015/16.
- The practice was awarded the You're Welcome status for meeting the criteria for young people friendly health services. Teenage patients were actively encouraged to use online services to book their own appointments to ensure they were involved in their healthcare.
- There was a full range of family planning services offered including fitting of intra-uterine devices (coil), contraceptive implant fitting and emergency contraception. Urgent same day sexual health appointments were available.

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).

Good

Summary of findings

- 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. This included access to appointments before 9am and after 5pm every day and telephone appointments. The practice opened at 7am on Tuesday and Friday mornings.
- Online appointments services included booking and cancelling appointments, and ordering prescriptions. Additionally, there was a 24 hour automated telephone booking and cancelling of appointments service. Mobile phone text reminders were used for appointments, including the option to cancel an appointment via text.
- There was a full range of health promotion and screening information in the practice that reflects the needs for this population group. Services provided from the premises included phlebotomy, sexual health, dermatoscopy and minor surgery provided by the practice in-house, and physiotherapy, smoking cessation, and counselling provided by commissioned services.
- The practice's uptake for cervical screening for eligible patients was 72%, compared to the CCG average of 81% and the national average of 82%. Breast cancer screening was marginally lower than the CCG and national averages, and bowel cancer screening data was broadly in line with CCG and national averages. They were aware of their performance and offered more opportunistic testing to improve uptake rates.
- Students registering with the practice were offered a 'goody bag' which included health promotion information such as a healthy food cook book, counselling and sexual health services for young people.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. In addition to this register, there was a 'Tender Loving Care' list for people who needed extra support, for example, people at risk of harm due to illness. Patients on this list had a code entered on their medical records to ensure all staff were aware of their needs. They were offered 'open' appointments to attend the practice whenever they felt they needed to see a healthcare professional, in addition to having a named GP or nurse who saw them on a regular basis.

Summary of findings

- Practice supplied data indicated there were 28 patients on their learning disabilities register, and 82% had been reviewed in a face to face appointment in 2015/16.
- There were 14 patients registered with the practice who were resident in a local nursing home for people with learning disabilities. Feedback from one care home indicated a named GP carried out regular review visits and responded to urgent requests promptly when required to ensure continuity of care.
- The practice offered longer appointments for patients with a learning disability and for those who required it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Formal multidisciplinary meetings were held monthly to discuss patients at high risk of admission to hospital. In addition, palliative patients were reviewed at weekly GP partners' meetings.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All staff had received training in domestic violence and one of the GPs had a specialist certificate in drug misuse. They told us they informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment and there was a hearing loop in the practice. An interpreter could be arranged for those who could not speak in English through Language Line.
- The practice adapted their facilities to ensure they were accessible to disabled patients. Staff told us they were awarded a five-star rating for their access by an independent provider of access information for disabled people.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- There were 93% of patients diagnosed with severe mental health condition who had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 84% and national average of 88% in 2014/15.

Summary of findings

- 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.
- There was a nominated dementia champion in the practice who had personal experience of caring for someone experiencing the condition. They offered support to patients and their carers about how to access various support groups and voluntary organisations.
- 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 experiencing poor mental health, including young patients who may be at risk of self-harm and require urgent access to see the GPs. Patients were encouraged to self-refer to counselling services.
- The practice had participated in a research project on young people at risk of suicide which involved local practices engaging in audits and peer discussions. There was regular liaison with the local university counselling and welfare services to ensure patients were supported. Staff told us they routinely flagged patients who had recent episodes and contacted them for support.
- Information on drug and alcohol services was available in the reception area.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages. 364 survey forms were distributed and 123 were returned. This represented a response rate of 34%.

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and national average of 73%.
- 85% 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 84% and national average of 85%.
- 91% of patients described the overall experience of this surgery as good compared to the CCG average of 85% and national average of 85%.
- 82% 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 77% and 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 27 completed comment cards, all of which were all positive about the care and attention received from the whole practice team. There were three comments made regarding a long wait to see a GP of choice. We spoke to 10 patients, four of whom were also members of the PPG. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness, especially by the whole practice team.

The results of the practice Friends and Family test taken last year were positive with 98% of respondents saying they would recommend the practice to their friends and family.

Derby Road Health Centre

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 and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

Background to Derby Road Health Centre

Derby Road Health Centre provides primary medical services to approximately 9700 patients through a general medical services (GMS) contract. The practice is located in close proximity to Nottingham city centre, the University of Nottingham and the Queens Medical Centre hospital campus of the Nottingham University Hospitals Trust.

The practice was formed over a hundred years ago. It has been located within purpose-built premises owned by the practice since 2004. There is a pharmacy on the premises adjacent to the practice.

The practice deprivation scores indicated people living in the area were significantly less deprived than the CCG average, but in line with the national deprivation average. Data shows proportion of patients aged 65 years and above registered at the practice is significantly lower than the national average, and the proportion of 20 to 39 year olds is significantly higher than the national average due to the large number of students and working age patients.

The medical team comprises of nine GPs (including training doctors) and nine advanced care practitioners, practice nurses and healthcare assistants. They are supported by 25 members of the management and administration team. Some staff members including the management team also work at a 'sister practice' called Grange Farm Medical Centre. There are seven female GPs and two male GPs. It is a teaching and training practice for students in their second year of medical school, and qualified doctors training to become GPs.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times start at 8.30am and the latest appointment offered at 6.15pm daily. The practice provides the extended hours service opening at 7am on Tuesdays and Fridays.

When the surgery is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 July 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, administrative 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.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at monthly team meetings and were a standing item on the agenda. Staff told us they felt comfortable with raising concerns at any time. Minutes were recorded and shared with the practice team.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. 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. All staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Bi-annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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. 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. The Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA). There was evidence of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe.

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

Good

Are services safe?

comprehensive health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and 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 through email notifications and regular meetings were held within the practice for both GPs and nursing staff which helped to ensure staff were aware of changes and updates.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 that the practice had achieved 96.4%. This was higher than the CCG average of 91.5% and the national average of 94.8%. The exception reporting rate of 18.5% which was higher than the local and national average. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.). A review of the exception reporting data showed that the practice was following guidance in relation to excepting patients, and this was clinically driven. There was a nominated GP lead for QOF who worked closely with the data manager to set recalls for people with long term conditions.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 93%, which was above the CCG average of 79% and the national average of 89%. The exception reporting rate for diabetes indicators was 21%, which was significantly higher than the CCG average of 10% and national average of 11%.
- Performance for mental health related indicators was 100%, above the CCG average of 89% and the national average of 93%. The exception reporting rate was 38%, which significantly higher than the CCG and national average of 11%.
- Performance for hypertension related indicators was 100%, better than the CCG average of 97% and national average of 95%. The exception reporting rate was 12%, higher than the CCG and the national average of 4%.

  There was evidence of quality improvement including clinical audits.
- There had been 10 clinical audits undertaken in the last year. Four of these were completed audits where the improvements made were implemented and monitored. For example, an audit was completed to review the provision of contraceptive implants. The practice analysed the reasons for removal, retention rates and any failures resulting in pregnancy. A repeat of the audit showed that the practice offered patients advice and alternative methods of contraception where they decided to have their implants removed.
- Another audit had been carried out on the prescribing of methotrexate, a medicine classed as high risk, to check if NICE guidance was being followed appropriately. Other audits included minor surgery, two-week wait referrals and tele-dermatology.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews.

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care. The practice regularly assessed their performance in areas such as Accident and Emergency (A&E) attendances and emergency admissions. For example, between February 2014 and January 2015:

Good

Are services effective?

(for example, treatment is effective)

- An average of approximately 306 patients per 1000 attended the A&E department, compared to a CCG average of approximately 320 patients per 1000. The practice was ranked 16th out of 60 practices for A&E attendances.
- An average of 75 patients per 1000 emergency admissions came from the practice, compared to a CCG average of approximately 90 patients per 1000. The practice was ranked ninth out of 60 practices for emergency inpatient spells.

The practice attributed their lower emergency department attendances to their access to emergency appointments. Vulnerable patients at risk of admission to hospital were managed proactively through the unplanned admissions register enhanced service. Under this service, all visit requests from patients on the register were triaged promptly and arrangements in place to ensure they were seen as appropriate.

Effective staffing

We saw staff had a range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was a staff handbook tailored for medical students and training doctors given at their induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They 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, protected learning time, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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. The practice made use of the close communication with the community teams who used rooms in the surgery by making referrals promptly and discussing them in person.
- Administration staff called patients to make appointments to review their medicines where they noticed repeat prescription request did not match with the medicines usually issued together. This encouraged patient's concordance with their therapy.
- The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt and patients were informed in a timely manner if the initiating GP was away from the practice.
- Staff told us they worked collaboratively and were supported by the community care coordinator, district nursing team and community matrons and met regularly to coordinate care. We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF), Nottinghamshire Electronic Palliative Care Co-ordination Systems (ePaCCs) register and Special Patient Notes to ensure effective communication between agencies including the Ambulance Service and

Good

Are services effective?

(for example, treatment is effective)

out of hours GP service. Vulnerable patients were discussed at the multidisciplinary meetings attended by a GP, community nurse, community matron and care coordinator with actions recorded for each patient.

- 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. We saw evidence of meetings with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Staff were proactive in identifying patients who may be in need of extra support to live healthier lives and promote their health and wellbeing. For example:

- A minor illness booklet was given to all patients at registration which contained information on self-care and numerous contacts for health and wellbeing support. Patients were encouraged to make direct contact to self-refer where possible.
- The practice offered NHS health checks and alcohol screening to encourage healthy lifestyles and early detection of any potential long term conditions. There were 213 patients aged 40 to 75 years who were offered a health check in the preceding 12 months, and 57% of them attended for a health check. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance.

The practice's uptake for the cervical screening programme was 72.2%, which was comparable to the CCG average of 81.3% and the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the proportion of patients who were screened for breast cancer in the previous 36 months was 63%, compared with a CCG average of 70% and a national average of 72%. The practice was aware of their performance and staff told us they were actively recalling patients and offering opportunistic checks when patients attended appointments for other reasons, in order to improve uptake.

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. Practice supplied data indicated 83% of patients over 16 years had their smoking status recorded, some of whom had accessed New Leaf smoking cessation services and 147 of them had quit smoking in the preceding 12 months.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, vaccination rates for children less than two years ranged from 91% to 97%, in line with the CCG averages ranging from 91% to 96%. Vaccination rates for five year olds ranged from 80% to 92%, compared to the CCG average of 87% to 95%.The practice attributed their success to their active recall system and easy access to appointments.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

We received 27 completed comment cards, all of which were entirely positive about the care and attention received from the whole practice team. There was a common theme around patients being listened to and given enough time during appointments. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice regularly obtained patient feedback through their own patient feedback cards, asking for patients to comment on their visit and suggestions for improvement. Feedback from patients who used the service, carers and community teams was continually positive about the way staff treated people. We saw evidence of a caring approach to patients, for example:

- Staff maintained a 'Tender Loving Care' list, in addition to the vulnerable patients register, for patients whom they felt needed extra support. Patients on this list were offered 'open' appointments to attend the practice whenever they felt they needed to see a healthcare professional
- Staff regularly carried out home visits outside practice opening hours to ensure patients had treatment at home and avoid hospital attendance. For example, a GP took medicines to a patient's home who had severe chickenpox during the weekend because her carer who was simultaneously caring for a young child was unable to drive.
- A GP provided bereavement support during a weekend to the family of a patient who had passed away at home, taking flowers from her own garden and visiting the family afterwards for support.
- GPs regularly accommodated patients who required contraceptive intra-uterine devices (coils) in between routine appointments so that patients did not wait for longer to access the service.
- Staff told us they regularly identified patients who had difficulty in collecting prescriptions and made arrangements for their prescriptions to be collected and delivered to them.
- Staff regularly offered to look after young children attending the practice with their parents, whilst the parents had uninterrupted consultations with the GPs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores were mostly above national averages. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 90% of patients said the GP gave them enough time, which was above the CCG average of 86% and national average of 87%.
- 97% 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 which was above the CCG and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at listening to them compared to the CCG and national averages of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Good

Are services caring?

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. Patients felt referrals were made appropriately and they were educated in the management of their long term conditions. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at giving them enough time, which was above the CCG average of 86% and national average of 87%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and national average of 86%.

Staff told us that translation services were available for patients who did not have English as a first language and used sign language services for deaf patients. Double appointments were provided for patients where an interpreter was involved.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 105 patients as carers (1.1% of the practice list). They were offered information about support groups at registration and there was a dedicated carers' champion who had experience of caring for someone with dementia. The practice dedicated a carers section on their website to encourage carers to identify themselves, and there were posters in the waiting room providing contact details for carers support groups.

Staff told us they were confident in recognising people in difficulty and those who could not cope with making appointments, allowing them to present themselves at reception and then ask the GPs to fit them in where possible. For example, staff told us they had delivered urgent prescriptions to patients who were unable to collect but in need of their medicines. The HCA used the toe nail cutting clinics to enquire about patients' social needs and offered them support by signposting to the relevant services.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone and sent bereavement cards. We saw several examples of GPs and nursing staff offering bereavement visits, including at weekends, funerals and regular support post bereavement to relatives.

Good

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. For example, they reflected on the needs of their growing list size and completed an extension of their building which added two consulting rooms and a minor surgery suite.

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered a range of appointments which included telephone appointments, same day urgent and pre-bookable appointments. There were no closures at lunch time, allowing patients access to the practice all day. There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Staff monitored their QOF performance by carrying out opportunistic checks and reminding patients to attend their reviews when they presented in the practice, so that patients were not excluded because of non-attendance.
- The practice created services in response to the needs of their patients. For example the HCA provided a toe nail cutting service after the local community Falls healthcare team highlighted foot care concerns in the elderly, and the service was no longer provided by the local chiropody team. The HCA used the service to discuss social support for the patients and flagged vulnerable patients to the GPs where appropriate.
- The practice hosted physiotherapy clinics provided twice a week from the surgery premises. Patients were encouraged to self-refer to the service as well as smoking cessation, alcohol management, counselling, acupunctureand weight management clinics all hosted by the practice.
- 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 with medical problems that required same day consultation with an on call doctor. Drop in baby clinics were also offered on Tuesday afternoons.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, including dedicated disabled parking; disabled access and disabled toilet. Corridors and doors were accessible to patients using wheelchairs.
- The practice signed up to provide all additional services offered through the Any Qualified Provider services commissioned by their CCG, to ensure all services were available for both their patients and non-registered patients. These included phlebotomy, ear syringing, treatment room services and electrocardiography (ECGs: a process of recording electrical activity of the heart).
- All nursing staff were trained to carry out audiometry hearing tests to reduce the number of unnecessary visits to the hospital, with referrals made if further specialist assessment was required. This was a non-NHS funded service offered to benefit patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times started at 8.30am and the latest appointment offered at 6.15pm daily. The practice had a triage system in place whereby patients calling for urgent appointments had their requests assessed by a nurse practitioner, who was assisted by a GP during busy times. In addition to pre-bookable appointments that could be booked up four weeks in advance for the GPs, urgent appointments were available for people who needed them. Patients could access appointments online and request repeat prescriptions using the electronic prescriptions service. The practice provides the extended hours service opening at 7am on Tuesdays and Fridays.

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

- 84% of patients were satisfied with the practice's opening hours, compared to the CCG average of 78% and the national average of 76%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 85% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 84% and the national average of 85%.

Patients we spoke to indicated they were able to get appointments when they needed them, and they were happy with the telephone appointments offered.

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 in the reception area.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken to as a result to improve the quality of care. Apologies were given to people making complaints where appropriate. Complaints were discussed at meetings so that any learning is shared and changes to policies and procedures are implemented as a practice team.

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. There were a number of GP partners, most of who had been with the practice for a long time, an arrangement which promoted stability of the team, and there was evidence of succession planning to maintain this structure for the foreseeable future.

- The practice had a mission statement centred on providing patient-centred and innovative care to all patients, and promoting professional and personal development of all staff. A patient charter was displayed in the waiting room.
- There was a documented practice strategy for the next two years which was discussed at quarterly away days attended by the GP partners. This included a review of their medical services contract, clinical services, staffing rotas and management structures.
- Staff knew and understood the values of the practice, and were engaged with these.
- The practice website and a printed newsletter were used to keep patients informed of any changes within the practice, including changes to the practice strategy.

Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. The governance framework 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. All staff had clear responsibilities in both clinical and non-clinical areas.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- Nursing staff held nursing-specific monthly meetings and had supervision to support in their roles. Staff told us they were supported in their training and revalidation. The practice engaged external human resources expertise when required to ensure their management of staff followed best practice.
- GP partners met daily to discuss any issues arising relating to patients and the practice.
- Practice specific policies were implemented and were available to all staff on a computer shared drive. We saw there were various meetings held between the different staff groups in addition to the whole practice meetings held quarterly where policies and changes were discussed.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Topics of audits were relevant to the care being provided by the practice and were used to drive improvement for the practice.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. These skills were used in providing care to patients within the practice. For example, one of GPs had specialist training in dermatology and used these skills to provide a pre-referral triage service for patients presenting with dermatology concerns. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. Constructive challenges from patients, carers and staff were encouraged and complaints were acted on effectively. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Good

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

- The practice kept written records of verbal interactions as well as written correspondence.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence.

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

- Staff told us the practice held regular team meetings between the staff groups and as a practice, which was evident from the minutes of meetings held.
- 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. They did not feel that a hierarchical structure existed between them and the GPs. A staff survey had been undertaken in the preceding year.
- Staff told us they felt valued by the management team. Milestones and achievements were celebrated as a team and staff received pay rises when appropriate.
- The managers looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing additional locum doctors. Staff were trained for multiple roles to build resilience within the team.

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

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

- The practice had gathered feedback from patients through the national patient survey and carried out their own patient surveys on a regular basis in addition to patient feedback cards which were available in waiting rooms. They reviewed the results at team meetings and discussed ways to continually improve the results.
- Patient feedback was also gathered through the patient participation group (PPG), who analysed patient feedback in order to submit proposals for improvements to the practice management team. The PPG had a membership of approximately 20 members who met three times a year with the practice manager and a practice nurse in attendance. Minutes were recorded and uploaded on the practice website to ensure they were accessible to all patients.
- Members of the PPG told us they had made suggestions for improvements which had been acted on by the practice management. They felt engaged, involved and respected by the management. For example, in response to feedback from the PPG about poor telephone access, the practice increased telephone lines. Other suggestions implemented by the practice included a water machine for the waiting room and reducing practice closure for training by providing training on half days instead of closing the practice all day.
- The PPG were members of the National Association of Patient Participation which enabled them to engage with other PPGs nationally. They obtained community wide health and wellbeing information by inviting speakers from various organisations to their meetings, such domestic violence, mental health, their local Fit for Work service. The PPG sought engagement with the local community by hosting various charity fund raising events.
- Feedback from staff was obtained through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.
- The practice was awarded the Investors in People accreditation, a nationally managed framework which demonstrates that the management adhere to professional standards.

Continuous Improvement

There was a focus on continuous learning and improvement at all levels within the practice and the wider local health community.

- The practice was committed to training and had been accredited as a training practice for 13 years and undergraduate teaching practice for over 20 years. Placements were offered to prospective medical students and the practice had developed an in-house handbook for training doctors and students. We saw evidence of positive feedback from trainees.

Are services well-led?

Good

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

- There was a strong focus on staff development. For example, some of the nurses had been supported in enhancing their roles by undertaking prescribing courses, and worked closely with local specialist nurses who assisted them in the management of chronic diseases such as diabetes and heart disease.
- The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in a research project on young people at risk of suicide which involved local practices engaging in audits and peer discussions.