

The Dale Surgery

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Dale Surgery on 11 October 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 within the practice. Effective systems were in place to enable staff to report and record significant events. Learning from events was shared with relevant staff.
- Risks to patients were assessed and well managed. A range of risk assessments were in place within the practice to support the ongoing review and management of risk.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care, and their interactions with all practice staff, was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Most patients said they found it easy to make an appointment with a GP. Urgent appointments were available on the day for patients who needed them. Advanced bookings could be made with no restriction on timescales.
- The practice used clinical audits to review patient care and outcomes had been used to improve services as a result.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked effectively with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe.
- There was a clear leadership structure within the practice, and staff felt well-supported by management.
- Significant emphasis was put on encouraging training clinicians into General Practice and placements were supported at all stages of training.

Summary of findings

- The practice reviewed the way it delivered services as a consequence of feedback from patients and from staff. For example the practice had recruited an additional nurse to support the nursing team following feedback.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had systems in place to enable staff to report and record significant events. Staff understood the systems and were encouraged to report events and incidents.
- Learning from significant events was identified and shared to improve safety.
- When things went wrong patients received support, information and apologies. They were told about actions to improve processes to prevent the same thing happening again.
- Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. For example, there were processes in place to ensure safeguarding issues were managed within the practice.
- Risks to patients were assessed and managed across the practice. A range of risks had been identified and assessed and were monitored on an ongoing basis.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- Clinical audits were undertaken within the practice and demonstrated improvement in the quality of clinical care.
- Data showed that the practice was performing poorly when compared to other practices.
- The practice had an overall exception reporting rate within QOF of 8.7% which was 0.2% below the CCG average and 0.5% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice's uptake for the cervical screening programme was 78% which was comparable to the CCG average of 81% and the national average of 82%.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. In addition regular multi-disciplinary meetings, the practice held regular clinical meetings.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- Feedback from completed comment cards was positive about the standard of care and treatment provided by the practice.
- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and delivered services to meet their needs. For example, extended hours services were offered one evening and one morning per week.
- A range of services were offered by the practice to avoid patients having to travel including minor surgery.
- Patients were able make urgent appointments when required and routine appointments were available to book two to three months in advance.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's vision was supported by a development plan.
- There was a clear leadership and management structure within the practice.
- Policies and procedures were in place to govern activity and the practice held regular meetings to review governance issues.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice engaged with local groups to get feedback from communities which would not normally engage in a PPG, and this has proved a valuable route for developing focus within the practice.
- There was a focus on continuous learning and development with staff being encouraged to undertake training and develop their roles.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Personalised care was offered by the practice to meet the needs of its older population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a lead GP responsible for co-ordinating the care of elderly patients who were at risk of admission to secondary care.
- The practice had won a contract to supply intermediate care to a rehabilitation care home for those that are 'stepping down' from hospital to being discharged to their homes. In partnership with other community teams there has been a proven reduction in readmission to hospital for patients discharged through this process.
- Care plans were in place for older patients with more complex needs. Monthly multi-disciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- Longer appointments were also provided for older people on request.
- A phlebotomy service was offered in the practice to reduce the need for patients to travel.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 36% which was 43% below the CCG average and 53% below the national average. The exception reporting rate for diabetes indicators was 8.1% which was in line with the CCG average of 9.8% and the national average of 10.8%.
- Performance for indicators related to hypertension was 77% which was 21% below the CCG average and 21% below the national average. The exception reporting rate for hypertension related indicators was 8.4% which was above the CCG average of 3.7% and the national average of 3.8%.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had been on the safeguarding register or the practice had concerns about were monitored through a register to ensure they remained a priority for care when required.
- The premises were suitable for children with a room for baby changing facilities and breast feeding available if required.
- Appointments were available outside of school hours with the GP and nurses.
- We saw positive examples of joint working with midwives, health visitors and school nurses. There was a weekly midwife clinic held at the practice.
- All children under five were offered same day appointments.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments were offered one morning and one evening per week. The practice continued to offer bookable appointments as well as run a 'sit and wait' clinic Monday to Thursday.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Homeless people could register with the practice.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed patients how to access various support groups and voluntary organisations.
- Drop in clinics had proved popular with patients with chaotic lifestyles who often missed pre-booked appointments.
- The practice hosted several clinics to allow local access to services such as exercise therapy and smoking cessation.
- 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.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators was 85% which was 4% below the CCG average and 8% below the national average. The exception reporting rate for mental health related indicators was 5% which was significantly below the CCG average of 10.5% and below the national average of 11%.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 4% below the CCG average and 4% below the national average. This exception reporting rate for this indicator was 9% which was slightly above the CCG average of 8.5% and the national average of 8.3%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- There was a GP with a special interest in mental health conditions and they worked closely with secondary care partners in the care of patients with mental health conditions including dementia.

Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing in line with or above local and national averages. A total of 362 survey forms were distributed and 95 were returned. This was a completion rate of 26% and represented 2.1% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the 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 the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 75% 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 the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 11 completed comment cards; a majority of which were positive about the standard of care and treatment provided by the practice received. Patients highlighted the kind, caring and friendly nature of staff working within the practice. Two patients referenced challenges with regards to accessing appointments and waiting times in the practice. We spoke with five patients during the inspection who were generally happy with the care and treatment they received from the practice. One patient referenced challenges in accessing appointments and waiting two weeks to see the GP of their choice.

The Dale Surgery

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.

Background to The Dale Surgery

The Dale Surgery provides primary medical services to approximately 4050 patients through a primary medical services contract (PMS). The patient list size is stable.

The practice has been providing services for over 25 years and is situated in Sneinton a district of Nottingham city. It occupies premises which were initially two terraced houses and have been linked by a bridge and extended several times over the last twenty years. The practice is accessible by public transport. In 2015 the partners from Greenwood and Sneinton Family Medical Centre, a neighbouring practice, combined with the Partners of the Dale Surgery and the beginnings of a full merger were begun. The management and administration was moved to the main site in 2015 and all other clinical services were moved in April 2016.

At the time of the inspection The Dale surgery was in operation, effectively as a branch surgery, providing additional rooms for GP consultations, with all other clinical services being available at the main site 550 meters along the road, a two minute bus ride or seven minute walk.

The long term plan is for an extension of the main site and the closure of the Dale Surgery when the merger is completed.

The level of deprivation within the practice population is below the national average with the practice population falling into the ninth most deprived decile. Income deprivation affecting children and older people is significantly below the national average. The practice has above average numbers of working age patients and below average numbers of elderly patients.

The clinical team comprises five GP partners (three male, two female), one prescribing nurse, five practice nurses and two healthcare assistants. The clinical team is supported by a practice manager two deputy managers and a team of reception and administrative staff. The Practice is a teaching and training practice, taking registrars, medical students as well as nursing students and currently has four GP trainees and two foundation doctors between the two practices.

The practice opens from 8am to 6.30pm Monday to Friday. Consulting times are generally from 9am to 11.30am each morning and from 2pm to 4.30pm each afternoon. An additional early session runs on Thursday morning from 7am to 8am and appointments are available with a GP or HCA, and a late session runs on a Tuesday evening from 6.30pm to 8.30pm with two GPs.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (NEMS) and is accessed via 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016.

During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager, assistant practice manager and reception staff) and spoke with patients who used the service.
- Spoke with community based staff who worked with the practice.
- 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.

Are services safe?

Our findings

Safe track record and learning

Systems and processes were in place within the practice to support the reporting and recording of incidents and significant events.

- Staff told us events and incidents would be reported to the practice manager or one of the partners in the first instance. A form would then be completed to record the circumstances of the event or incident. The recording form was electronically on the practice's computer system.
- The recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of the incident and offered support and information. Apologies were provided to patients where appropriate and they were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a regular review and analysis of the significant events.

We reviewed records of information related to safety within the practice including incident reports, records of safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident involving the hospital not receiving samples for testing a system was created which logged the stages of a sample from arrival to results being received to ensure awareness of the point each one is at in addition to being able to confirm the hospital had received them.

Effective arrangements were in place to monitor safety alerts including alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). These were logged centrally and disseminated to relevant staff. Searches of the patient record system were undertaken to identify any patients who might be affected and appropriate action was taken to notify patients.

Overview of safety systems and processes

Systems and processes were in place which supported the practice to keep patients safe and safeguarded from abuse. These included:

- Safeguarding arrangements were in place which helped to protect children and vulnerable adults from abuse. Appropriate policies and procedures were in place which reflected local arrangements and relevant legislation. Policies were accessible to all staff electronically and outlined who staff should speak to for further guidance if they had concerns about the welfare of a patient. There were quick reference sheets displayed on the walls to support staff.
- There was a designated lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Notices were displayed in the waiting area and in consultation rooms to advise patients that they could request a chaperone if required. All staff who acted as chaperones had received training for the role and had a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the practice to be clean and tidy during the inspection. Arrangements were in place to maintain the appropriate standards of cleanliness and hygiene. The practice contracted with an external cleaning company and there was evidence of regular audits of cleaning standards. A practice nurse was the infection control nursing lead. The practice had a range of policies and procedures in place and staff had received infection control training. Regular infection control audits were undertaken and action was taken to address any areas identified for improvement.
- The arrangements for managing medicines, including emergency medicines, ensured the safety of patients. Safe processes were in place for handling repeat prescriptions which included the review and safe prescribing of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. There were no vaccines stored on site as the Nurses operated solely from the main site.

Are services safe?

- Regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place to support the monitoring and management of risks to patient and staff safety. There was a health and safety policy available and a health and safety poster displayed which identified local health and safety representatives.
- Regular fire risk assessments were undertaken and there was evidence of fire drills and fire safety equipment checks. The practice had a range of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Records showed that all electrical equipment was regularly checked to ensure it was safe and clinical equipment was checked to ensure it was working properly.

- The practice planned and monitored the number and mix of staff they required to meet the needs of their patient population. Rota systems were in place for different staff groups to ensure there was enough staff on duty. A number of staff worked on a part time basis which enabled them to cover for colleagues during periods of absence or leave. GPs worked across both sites throughout the week to ensure patient choice for all patients was possible.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to aid staff in responding to emergencies and major incidents.

- There was an instant messaging system on all computers in the practice which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were 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 business continuity plan in place for major incidents such as computer systems failure or building damage. The plan included emergency contact numbers for staff and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The needs of patients were assessed and care delivered in line with the relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines and locally agreed guidelines.

- Systems were in place to keep clinical staff up to date. Staff had access to guidelines from NICE and local guidelines. Updates and changes to guidelines were discussed at clinical and practice nurse meetings.
- Staff accessed regular training to support their knowledge and learning was shared with clinical colleagues.
- The practice monitored that 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 recently published results showed that the practice had achieved 77% of the total number of points available compared to the CCG average of 91.4% and the national average of 94.7%.

The practice had an overall exception reporting rate within QOF of 8.7% which was 0.2% below the CCG average and 0.5% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for two areas of QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 36% which was 43% below the CCG average and 53% below the national average. The exception reporting rate for diabetes indicators was 8.1% which was in line with the CCG average of 9.8% and the national average of 10.8%.

- Performance for indicators related to hypertension was 77% which was 21% below the CCG average and 21% below the national average. The exception reporting rate for hypertension related indicators was 8.4% which was above the CCG average of 3.7% and the national average of 3.8%.

The most recent data (2015/16) available had not showed improvement in these areas:

- Performance for diabetes related indicators was 40% which was 35% below the CCG average and 50% below the national average.
- Performance for indicators related to hypertension was 68% which was 18% below the CCG average and 30% below the national average.

The practice staff were aware of historic difficulties in read coding and recalling patients at The Dale Surgery as well as engaging with those who do not attend for medical reviews. As a single practice it had not engaged fully with the QOF system and this was an area of priority with the new partnership. With the merger had come additional expertise and capacity, especially in nursing staff. There were now lead roles in long term conditions and the task of following up patients, and engaging them in self-management of their condition during reviews, was being undertaken as a priority to ensure a high level of care to all patients.

The Partners had applied for an amnesty in the QOF figures during the merger, with the aim of significant improvement in the year 2016/17 however this had been refused and therefore the data continued to highlight the poor performance.

Other areas were in line with local averages:

- Performance for mental health related indicators was 85% which was 4% below the CCG average and 8% below the national average. The exception reporting rate for mental health related indicators was 5% which was significantly below the CCG average of 10.5% and below the national average of 11%.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 4% below the CCG average and 4% below the national average. This exception reporting rate for this indicator was 9% which was slightly above the CCG average of 8.5% and the national average of 8.3%.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two. Two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit in respect of pain management. Conclusions were implemented for example the use of simple pain relief and a step wise approach to management, full consideration of community services prior to referral to pain clinic and reduced long term use of certain medicines.
- Regular medicines audits were undertaken with the support of the CCG pharmacy team.

Effective staffing

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

- The practice provided newly appointed staff with role specific inductions to cover the scope of their role. General areas were also covered including safeguarding, infection control, fire safety, health and safety and confidentiality.
- Role-specific training and updates were provided and facilitated for relevant staff. For example, training was undertaken by those reviewing patients with long-term conditions such as diabetes and asthma to support them in these roles. Staff told us if they highlighted an area for their development the management would support them in training to ensure they provided a full range of care to patients.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff stayed up to date with changes to the immunisation programmes through access to on line resources and discussion at practice nurse meetings.
- Learning needs of staff were identified through appraisals, ongoing meetings and reviews of practice development needs. Staff had access to a range of training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff received annual appraisals.

- Training provided within the practice included safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Nurses held a weekly meeting to allow for sharing and peer support. As a consequence of highlighting concerns in these meetings the treatment room had been refurbished to ensure the best environment was available in which to treat patients.

Coordinating patient care and information sharing

Clinical staff had access to the information they needed to plan and deliver care and treatment through the practice's patient record system and their internal computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Systems were in place to ensure incoming and outgoing correspondence was managed effectively.
- Relevant information was shared with other services in a timely way, for example when referring patients to secondary care.

The practice had monthly meetings each week which covered specific areas and allowed for planning and review. For example Significant event audits were reviewed in week one, Safeguarding in week two, long term conditions week three and partners and business meetings in week four. Relevant community health and social care workers were invited to attend and contribute to meeting to ensure a full review of patients care was possible. This ensured that a multidisciplinary approach was taken to understanding and meeting the range and complexity of patients' needs.

Meetings also enabled staff to work together 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.

As well as patients with cancer, the practice's palliative care register included patients with other conditions who were receiving end of life care including those with end stage COPD and motor neurone disease. The practice worked with the multidisciplinary team and the Macmillan nurse to ensure support was in place for these patients.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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. Assessments of capacity to consent were undertaken when providing care and treatment for children and young people.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician undertook an assessment of capacity and recorded the outcome.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support including patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78.4%, which was comparable to the CCG average of 81.5% and the national average of 82%. Reminders were offered for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme and they ensured a female sample

taker was available. 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.

Attendance at screening for breast and bowel cancer as part of the national screening programmes was encouraged by the practice. The practice's uptake rate for breast cancer screening was 64% which was in line with CCG average of 72% and the national average of 72%. The uptake rate for bowel cancer screening was 40% which was below the CCG average of 54% and the national average of 58%.

Screening was an area the new partnership was looking to improve as patients were reviewed. The additional capacity was allowing patients, previously not engaged in managing their own health to have further assistance and participate in screening, however as it was part of the cultural change in care delivered by the partners, immediate improvements were difficult to quantify.

The childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation averages for the vaccinations given to under two year olds was 93.6% which was above the CCG average of 89.7%. For five year olds immunisation rates averaged 97.1% which was significantly above the CCG average of 72% to 91.7%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection, we saw that members of staff behaved in a kind, courteous and helpful manner towards patients. Staff treated patients with dignity and respect.

Measures were in place within the practice to help ensure patients felt at ease. These included:

- Curtains were provided in consulting and treatment rooms to maintain the privacy and dignity of patients during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- If patients wanted to discuss sensitive issues or appeared distressed, reception staff could offer them a private room to discuss their needs.

We received 11 completed Care Quality Commission comment cards; a majority of these were positive about the service experienced and the care and treatment received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments cards highlighted friendly, amenable reception staff and praised the level of care they received from clinical staff.

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 86% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Satisfaction scores for interactions with reception staff were marginally above local and national averages:

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients we spoke with and from completed comment cards indicated that patients generally felt involved in decision making about the care and treatment they received. Feedback indicated that patients felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment available to them.

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 in line with or above local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Some information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

A range of patient information leaflets and posters were available in the patient waiting area. These informed patients about local and national groups and organisations which could offer support. 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 26 patients as carers. This was equivalent to 0.6% of the practice's patient list. The practice had highlighted this as an area to improve and was developing plans to identify further carers. The high number of younger patients and lower than average number of older patients was also a contributing factor to the lower number of carers.

Staff told us that if families had suffered bereavement, a letter of condolence was sent and their usual GP contacted them where appropriate. In some cases a GP had attended funerals on behalf of the practice in addition to a consultation at a flexible time to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with NHS England and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. There were on-going plans to significantly extend the main site to enable the two practices to combine into one building; however at this time there was still a need to maintain essential services at the practice, as this was the only way to ensure the capacity was available to meet patient demand.

A range of services were offered to meet the needs of patients. These included:

- The practice offered extended hours appointments one evening and one morning per week to facilitate access for working patients.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for patients with a disability including access to the practice, accessible toilets and a lowered reception desk area.
- Minor surgery and joint injections were offered for patients at main practice which reduced the need for patients to travel further afield to access these services.
- As this practice had the capacity in terms of unused rooms they were utilised for external groups to provide clinics. This included Citizens Advice Bureau, falls and bones clinic, new leaf (stop smoking service Nottingham) and the YMCA; offering on-site appointments for patients at the practices.
- A phlebotomy service was provided for patients.
- A range of online services were available including online appointment booking and prescription ordering.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Consulting times were generally from 9am to 11.30am each morning and from 2pm to 4.30pm each afternoon. An additional early session ran on Thursday morning from 7am to 8am and appointments were available with a GP or HCA, and a late session ran on a Tuesday evening from 6.30pm to 8.30pm with two GPs.

In addition to pre-bookable appointments that could be booked up to three to four weeks in advance, urgent appointments were also available on the day for people that needed them. A sit and wait clinic was run at the other surgery Monday to Thursday and any patient arriving between 9am and 11am would be seen in the morning and likewise from 2pm and 4pm in the afternoon. Changes to the appointment system had been part of the overall integration of this practice with the main site and all calls were now answered in the main practice. This allowed central monitoring of the appointments and all patients could be seen at either site to allow for choice in GP, time or convenience.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 72% 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 were able to get an appointment the last time they tried compared the CCG average of 84% and the national average of 85%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Systems were in place to manage requests for home visits which enabled the practice to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. Requests for home visits were allocated to the duty doctor for review. Where required, the duty doctor contacted the patient or carer in advance to gather additional information to enable an informed decision to be made regarding the prioritisation of visits. In cases where the urgency of need was so great that it would be

Are services responsive to people's needs?

(for example, to feedback?)

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had systems in place to enable them to handle and respond to concerns and complaints.

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

- Information was available to help patients understand the complaints system including posters and leaflets. There was additional information available on the website.

The practice had received ten complaints in the last 12 months. We saw that complaints were responded to in a timely manner with the practice inviting patients to meet with them to discuss their concerns further where appropriate. Explanations and apologies were provided to patients. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. The two practices had one person managing all complaints and these were talked about openly in the practice meetings so learning could be shared amongst all staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was underpinned by core values which were shared by partners and staff. These included openness, fairness and respect.
- The practice had business development plan which reflected the vision and values.
- Regular management and business meetings were held within the practice to monitor progress and plan for future.

Governance arrangements

The practice had a governance framework in place which supported the delivery of good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were aware of lead roles undertaken by senior staff within the practice and knew who to speak to regarding specific concerns.
- Practice specific policies were implemented and were available to all staff. These were available to all staff on the practice's computer system and were regularly reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements to identify, record and manage risks and to implement mitigating actions.

Leadership and culture

On the day of inspection the partners we spoke with, the practice manager and deputy managers demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. The practice had experienced recent challenges due to early stages of the merger being initiated and the logistical and administrative changes that had arisen as a consequence. However the practice continued to provide GP appointments to patients from the practice and patients

had benefited from the increased availability and options in appointments. This was most significant to those patients who required regular nursing appointments and reviews, such as patients with a diagnosis of diabetes as they now had access to nurses with lead roles in long term conditions. Reviewing all patients with diabetes and ensuring treatments were in line with best practice was a priority of the lead nurse highlighted by the poor QOF and historic lack of regular review.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners and the practice manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected people were provided with support, information and apologies.

The practice had an ethos of encouraging clinicians to experience General Practice in the early stages of training, this also included work experience for school age children within the practice. The time within the practice was optimised to allow medical students and registrars' time with all staff so that they had a broad understanding of primary care and this included a day with the practice manager covering accounting and business management.

Both practices had welcomed back qualified GPs who had trained at the practice and this was a driver in the continued training culture.

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

- Staff told us the practice held regular team meetings. In addition to management and partnership meetings, the practice held regular clinical, nursing and reception team meetings.
- We saw that there was an open culture within the practice and they had the opportunity to raise any issues at meetings or in general discussion. Staff felt confident and supported in raising concerns or issues.
- Staff said they felt respected, valued and supported, particularly by the senior staff within the practice. Staff demonstrated a clear passion for the work they were undertaking.

Are services well-led?

Good 

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

- All staff told us they had the opportunity to be involved in discussions about how to run and develop the practice and the senior staff encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us the partners and the practice manager and deputy managers were approachable and always took the time to listen to all members of staff.

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 feedback and engaged patients and staff in the delivery of the service.

- The practice had gathered feedback from patients through a range of methods including surveys and complaints received. For example the practice had undertaken a patient survey in October 2015 regarding patient satisfaction with access to appointments. Due to significant changes to the appointment system following the merger of the two practices thorough monitoring of patient feedback had been conducted with an expected dip in satisfaction expected. Latest results gathered by the practice were generally positive and showed that patients already realised the long term benefits of the merger.
- The PPG within the practice had reduced in numbers and the practice had struggled to reinstate the group to a workable size. In realising there was a gap in feedback the practice engaged in other ways to ensure it had a focus on the needs of the community. The practice engaged with local groups to get feedback from communities which would not normally engage in a PPG, for example a community leader of a group, providing support for teenage Roma girls, has established links with the practice and a local refugee forum also has a representative linked to the practice.

The involvement with research in collaboration with the Global Health Exchange Fellowship in partnership with Health East Midlands Deanery was a key driver to community involvement with the practice. Numerous practice staff, community healthcare professionals, community volunteers, business owners and teachers were interviewed to establish the importance of a set of themes in the practice population.

The project included the comparison of a rural/deprived site in Kenya and Sneinton with Doctor's working in both locations identified topics which caused significant, but different problems all over the world are health issues relating to teenage pregnancies, safeguarding children, violence, malnutrition and HIV.

Results showed that the needs of the population prioritised education, poverty and mental health as the three areas of main concern and included a further ten themes. The practice had taken the conclusions of the report, published in March 2016, and was identifying areas they can contribute to improve the delivery of services and care to patients. This had proved a valuable route for developing focus, and informed the practice moving forward.

- A PPG group is planned once the full merger of both practices is concluded, to have a single group working with the practice on behalf of patients.
- The practice gathered feedback from staff through meetings, appraisals and general staff discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice had recruited an additional practice nurse to add essential capacity to the nursing team following feedback from the nurses regarding time pressures.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice was keen to identify and maximise opportunities to work collaboratively with other practices in the local area. The GPs and practice management staff had been involved in the development of a group of six practices which worked together for support and collaborative working and were identifying areas they can improve care to their combined patient lists.
- A GP with a specialty in research was part of the Primary Care Research Network (PRCN) works with a wide range of primary care practitioners, such as GPs, dentists, pharmacists and health visitors, and support high quality research in areas for which primary care has

Are services well-led?

Good 

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

particular responsibility. These include disease prevention, health promotion, screening and early diagnosis and the practice were always looking for involvement in research if it had the potential to benefit practice and the patients in the long term.