

# Whyburn Medical Practice

## Quality Report

Curtis Street  
Hucknall  
Nottingham  
NG15 7JE

Tel: 0115 8832150

Website: [www.whyburnpractice.nhs.uk](http://www.whyburnpractice.nhs.uk)

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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?

Requires improvement 

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 Whyburn Medical Practice on 26 May 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. Learning outcomes were shared with staff.
- Some risks to patients were assessed and managed. These included systems to manage health and safety matters such as checking that equipment was working and safe to use and infection control measures.
- Staff recruitment processes and procedures around the collection of prescriptions required strengthening.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical audit drove quality improvement. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patient feedback which included the National GP Patient Survey rated the care provided highly.
- Information about services and how to complain was available and easy to understand. We noted however, that limited information was provided to patients about organisations that could be contacted to obtain independent advice. Improvements were made to the quality of care as a result of complaints and concerns and this was well documented.
- The majority of patient feedback showed convenient appointments were available with a GP although it was noted it was more difficult to see a named GP. Urgent appointments were available the same day.

# Summary of findings

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

The areas where the provider must make improvements are:

The provider must strengthen their recruitment procedures to ensure staff have had checks to show that they are suitable to work with patients. This information should be recorded.

The areas where the provider should make improvements are:

- Ensure a co-ordinated and managed approach is adopted for the distribution of medicines alerts within the practice reflecting actions taken to ensure patient safety.
- Ensure a patient recall process or other procedure is adopted for uncollected prescriptions where higher risk medicines have been prescribed.
- Undertake quality monitoring activity in minor surgical procedures to evidence compliance with recognised standards.
- Include contact details for independent advisory organisations in the practice's complaints leaflet.

**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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents and we saw documented evidence to support this.
- Lessons were shared to make sure action was taken to improve safety in the practice. Detailed records included analysis of the events and risk assessment to reduce potential reoccurrence.
- Whilst the practice could demonstrate it had responded to Medicines and Healthcare products Regulatory Agency (MHRA) alerts, the systems in place lacked a co-ordinated and robust approach. The practice therefore, could not be assured that all alerts would be appropriately reviewed as there was not a named person responsible for co-ordinating these checks.
- When things went wrong patients received information, reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we noted exceptions in relation staff recruitment and the management of uncollected prescriptions.
- Other risks to patients were assessed and well managed. This included health and safety; ensuring sufficient staff in place to meet patient needs; and suitable emergency procedures if a patient presented with an urgent medical condition.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 99% of available QOF points in 2014/15. The practice's overall exception rate reporting was 14.4% which was above the CCG average of 9.1% and above national average of 9.2%.
- Exception reporting rates varied across clinical indicators for individual health conditions with some reporting above CCG and national averages and some below. Exception reporting in mental health and cancer indicators were below local and national averages. We noted higher exception reporting in

# Summary of findings

some of the indicators within chronic obstructive pulmonary disease (COPD) and asthma. The practice had however, undertaken more proactive measures to reduce its exception reporting and the latest data provided by the practice showed this was proving effective.

- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute of Clinical Excellence (NICE).
- Clinical audits demonstrated quality improvement including improved patient outcomes. An audit undertaken into particular medicines used in stroke prevention resulted in recommended tests being undertaken for patients taking the medicines to monitor their condition more effectively. However there was no evidence of a clinical audit in respect of minor surgery to assess the activity and quality of surgical procedures undertaken.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- 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.

## 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 slightly higher than others for several aspects of care. This included 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 national average of 91%. Data also showed that 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- A variety of information for patients about the services available was easy to understand.
- The practice had identified 237 patients as carers (2% of the practice list). Carers were signposted to local support groups within the area.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- A number of same day appointments were available with clinicians. The practice also offered a GP led triage system to patients who required urgent medical appointments but appointment availability was limited.
- National patient survey data indicated patient satisfaction in respect of access arrangements. For example, 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- The majority of patients we spoke with said they were able to make an appointment which was convenient, although national patient survey data indicated that appointments with a named GP were more difficult to obtain. 43% of those surveyed were usually able to see or speak to their preferred GP compared with the CCG average of 55% and national average of 59%. The practice told us they continuously reviewed patient feedback and had made adjustments to the system to improve access arrangements in place. For example, the number of phone lines had increased.
- We found there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However, we found limited information to direct patients to other organisations which may be able to assist in the complaints process. Evidence we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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.

Good



# Summary of findings

- 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 governance meetings.
- 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. Whilst most risks were identified, we did however note some exceptions regarding staff recruitment and prescription collection processes.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Review took place to ensure any corrective measures implemented from incidents which occurred had been effective.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had engaged with the practice regarding obtaining patient feedback and organising local charitable events.
- There was a strong focus on continuous learning and improvement at all levels. This was reflected in staff development, audits undertaken and the practice plans for the future.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All older patients had a named GP. All care homes where patients were residing had a nominated GP who undertook regular visits. A care home manager we spoke with praised the practice for having the same GP undertaking these visits and told us this worked effectively for patients and ensured good continuity of care.
- Care plans had been implemented for those patients identified as at risk of emergency admission into hospital. The practice held regular multidisciplinary meetings where all patients who were vulnerable and requiring intervention were discussed with input from other care teams into their holistic care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice also offered vaccinations to those housebound patients. The practice had a positive uptake for its flu vaccination programme.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority, to help keep them safe and well in their own homes.
- National data showed the practice was performing above the local CCG average for its achievement within 11 diabetes indicators. The practice achieved 96% of the available QOF points compared with the CCG average of 87%. Achievement was also above the national average of 89%.
- The practice offered a variety of services for patients with long term conditions which included insulin initiation for those with diabetes and in-house spirometry, a test that can help diagnose various lung conditions such as chronic obstructive pulmonary disease (COPD) and monitor the severity of other lung conditions. Cardiomemo fittings were also offered which monitor patients' heart activity.

Good



# Summary of findings

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

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 92% to 99%. This was comparable to CCG averages which ranged from 88% to 98%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and our discussions with staff supported this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw that effective collaborative working took place between the doctors in the practice, midwives and health visitors.

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 practice offered appointments on weekdays up until 6pm which enabled some flexibility for working age patients, students and those recently retired to attend. Routine appointments were available for booking up to one month in advance. The practice also provided a telephone triage system for patients who required urgent health advice. One of the practice GPs would telephone a patient on the same day they contacted the practice for advice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice operated an annual flu clinic on Saturdays to enable those of working age to attend for their vaccination.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 61 patients on the learning disability register and 53 of these had received an annual health check in the last twelve months.
- We were provided with anonymised examples where the practice had worked closely with the community learning disabilities coordinator to ensure care and treatment resulted in improved outcomes for patients.
- The practice was directly involved in fund raising activities to help the vulnerable homeless within the local community.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. A number of self help organisations contact details were made available for patients which included The Samaritans, Depression Alliance, Anorexia and Bulimia Care (ABC) and Adfam (advice to families and friends of drug users).
- The practice provided a substance misuse service for those patients registered at the practice as well as other neighbouring practices who would benefit.
- 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.

Good



## 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).

- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 88% and national average of 84%. Exception reporting was in line with the CCG average and national average.
- 90% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 86% and above the national average of 88%. Exception reporting was 11.8% below the CCG average and 5.8% below the national average.

Good



# 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients were encouraged to self refer to an onsite counselling service.
- 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

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or above local and national averages. 281 survey forms were distributed and 111 were returned. This represented a 39% response rate.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 87% 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 86% and national average of 85%.
- 82% of patients described the overall experience of this GP practice 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 79% 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 34 comment cards, 33 of these were positive about the standard of care received. The majority of

comments made reference to all staff providing an excellent service; one patient stated consultations with nurses were the best experience received in years and one referred to a GP's professionalism as being an asset to the medical profession. Patients said they were happy with the care they received and thought staff were approachable, committed and caring. One negative comment card referred to the difficulty in obtaining an appointment, and this was also mentioned separately in four other comment cards.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received, they felt involved in their care and that staff were approachable, committed and caring. However, some comments also included that it could be difficult to obtain an appointment and appointments would run late at times. We reviewed data the practice had collated from the NHS Friends and Family test. In March 2016, 74 responses had been received. Of these, 46 patients stated they would be extremely likely or likely to recommend the practice, 24 did not indicate their preference and 4 were unlikely or extremely unlikely to recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

The provider must strengthen their recruitment procedures to ensure staff have had checks which show that they are suitable to work with patients, and this information is available.

### Action the service **SHOULD** take to improve

- Ensure a co-ordinated and managed approach is adopted for the distribution of medicines alerts within the practice reflecting actions taken to ensure patient safety.
- Ensure a patient recall process or other procedure is adopted for uncollected prescriptions where higher risk medicines have been prescribed.
- Undertake quality monitoring activity in minor surgical procedures to evidence compliance with recognised standards.
- Include contact details for independent advisory organisations in the practice's complaints leaflet.

# Whyburn Medical Practice

## 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 an Expert by Experience.

## Background to Whyburn Medical Practice

Whyburn Medical Practice is located in Hucknall, a town in Nottinghamshire which is in the district of Ashfield. It is seven miles north-west of Nottingham. There is direct access to the practice by public transport and parking is also available on site.

The practice currently has a list size of approximately 11,812 patients.

The practice holds a Personal Medical Services (PMS) contract.

The practice is situated in an area with average levels of deprivation. It has a higher than average older age population. A higher number of patients registered at the practice are working or in full time education compared with the local CCG average.

The practice is managed by seven GPs (4 male, 3 female). Two of the male partners work on a full time basis and five male and females work part time hours.

The GPs are supported by a practice team comprising of three female part time practice nurses and one female part

time healthcare assistant. The practice also employs a business manager, reception manager, data quality manager and a team of reception, clerical and administrative staff.

The practice is a teaching practice for student doctors and training practice for trainee GPs. The practice was the first training practice in Hucknall.

The practice is open on Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays to Fridays 8.30am to 6pm. The practice does not offer extended hours opening. The practice is closed during weekends.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are currently provided by Nottingham Emergency Medical Services (NEMS). When the practice is closed, calls automatically redirect to the out of hours service.

## 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 26 May 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, business manager, data quality manager, clerical and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and 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

There was 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 was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Whilst the practice had not formally adopted a policy for the reporting and recording of significant events at the time of our inspection, staff knew of the process and procedures in place.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, reasonable support, a verbal or 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.

We reviewed safety records and incident reports where these were discussed. We were informed that monthly meetings were held to discuss significant events which had occurred. Whilst we found that these meetings were not formally documented, we were provided with a number of completed reflective learning templates which included information discussed in those meetings held.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred regarding an unsuccessful referral made on behalf of a patient by a locum GP. The event highlighted a number of system weaknesses within the practice which were investigated. Learning outcomes included changes to information contained on the practice intranet and a new approach adopted by the practice in the management of locum doctor issues.

The practice GPs received Medicines and Healthcare Products Regulatory Agency (MHRA) alerts directly. We

were provided with examples of alerts which had been actioned by one of the practice GPs. The practice manager also received these alerts and passed them to one of the practice nurses or data quality supervisor for review and subsequently action. However, we found there was limited documentary evidence to the actions taken in relation to these alerts. The absence of a unified approach to addressing these alerts and any necessary action required, could present a risk that some may become inadvertently overlooked and patient safety may be put at risk. Following our inspection, we were provided with evidence to show the practice had strengthened their systems in place.

### Overview of safety systems and processes

The practice had most systems and processes 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. 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. The practice also referred any concerns to a multi agency safeguarding hub. One of the practice GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings and 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 roles. This included GP training to level three in children's safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All 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. The practice nurse 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

## Are services safe?

staff had received up to date training. Annual infection control audits were undertaken. We noted an audit undertaken in November 2015 and we saw evidence that some action was taken to address improvements identified as a result. For example, the disabled toilet pull cord was identified as unclean and this had been addressed.

- Most of 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). Whilst processes were in place for handling repeat prescriptions which included the review of high risk medicines, we noted an inconsistency in relation to prescriptions for a particular high risk medicine if they remained uncollected. This presented a risk that patient wellbeing and safety could be affected. We discussed this with the practice management who informed us that they would take immediate action to ensure that measures would be put in place to contact these patients if they did not collect their medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found information held on these records was limited in respect of recruitment checks undertaken prior to employment. For example, two of the staff members had been more recently appointed but we did not find evidence of identification held on these files. We also found there was no evidence of employment history and /or qualifications held on the files. We found that references had been recorded in respect of the two recently appointed staff. DBS checks had been undertaken for clinical staff. We discussed our findings with the practice

who advised us that information had been requested and produced during the recruitment process but was returned to the employees afterwards without copies held on record. We also reviewed the documentation held for locum doctors utilised within the practice and found documentation including DBS checks and registration checks were held. Our independent checks on all clinicians working within the practice found they were registered with appropriate professional bodies.

### Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training in their induction programme. The practice had up to date fire risk assessments and carried out 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 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. Locum doctors were planned for and utilised where extra resource was identified as a requirement.

### 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 basic life support training and there were emergency medicines available.
- 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.

## Are services safe?

- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, data received from the CCG, audits and sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 14.4% exception reporting. (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). Data from 2014/15 showed;

- 90% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 86% and above the national average of 88%. Exception reporting was 11.8% below CCG average and 5.8% below national average.
- 94% of patients with a diagnosis of cancer within the previous 12 months had received a review within 6 months of diagnosis. This was the same as the CCG average of 94% and similar to the national average of 95%. Exception reporting was however, 10.2% below CCG average and 9.8% below national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were mixed. 92% of patients with a diagnosis of COPD had received a review in the

previous 12 months. This was similar to the CCG and national average of 90%. Exception reporting was however, 11.6% above CCG average and 12.7% above national average.

- Performance for asthma related indicators were mixed. 87% of patients with a diagnosis of asthma had received a review in the previous 12 months. This was above the CCG average of 76% and above national average of 75%. Exception reporting was however, 15.1% above CCG average and 16% above national average.

Whilst we noted low exception reporting within some areas of QOF performance, we found areas where the practice had a higher rate of exception reporting compared to the CCG and national averages. We reviewed anonymised data during our inspection and discussed high exception reporting with the practice management.

The practice management told us they had recognised that exception reporting had been higher in particular areas in 2014/15 and had adopted a proactive approach to reducing this within the past year. This included prompts on the practice computer system to alert clinicians when patients were being seen about other health issues. The clinician would then discuss with the patient the reasons for attending an annual review. Our review of clinical meeting minutes also supported that the practice had taken a proactive approach to reducing exception reporting.

We were provided with additional information by the practice following our inspection which showed the practice had made improvements and reduced its overall exception reporting by 301 patients from 2014/15 reporting period to 2015/16. This data was not yet verified and published.

- There had been a number of clinical audits undertaken in the last two years including full cycle audits. We reviewed a completed audit involving particular medicines used for stroke prevention where improvements were implemented and monitored. The audit was undertaken based on best practice guidance released. Audit outcomes included an increase in recommended tests undertaken for patients receiving the medicines.
- The practice had undertaken an audit of its patients who had depression and were taking particular medicines. This was as a result of national guidance that recommended an additional medicine be prescribed for

# Are services effective?

## (for example, treatment is effective)

those taking a particular combination of medicines. Outcomes included the identification of a number of patients who required a review and the necessity to increase awareness amongst practice clinicians of the guidance released. The practice intended to re-audit this area of activity to assess compliance with the standards.

The practice provided minor surgery to its patients but had not undertaken any clinical audits to look at the activity and quality of surgical procedures undertaken.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had also developed a separate induction pack for trainee GPs working within the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses was due to update their training in chronic obstructive pulmonary disease (COPD) and had recently updated their knowledge in respiratory training. The lead nurse told us she was due to undertake a diabetes training course in November 2016. Nursing staff told us that the practice were very supportive of staff continued learning and development.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice employed a data quality team who managed all aspects of data administration. This included the scanning of patients' discharge letters, summarising, administering patient recalls and reviews, data coding and data collation. The practice told us this system worked effectively and ensured all other staff could focus on delivering patient care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly 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.

# Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- 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. We saw evidence of completed consent forms when patients had attended for minor surgical procedures.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. The practice promoted DESMOND, an educational programme for patients who had type 2 diabetes or those at risk of diabetes. The practice also referred patients to Change point, a weight management service. The practice website provided a variety of contact details for self help organisations such as The Samaritans, Depression Alliance, Anorexia and Bulimia Care (ABC) and Adfam (advice to families and friends of drug users).
- The practice's uptake for the cervical screening programme was 91%, which was above the CCG average of 86% and the national average of 82%. Exception reporting was however, 8.9% above CCG average and

5.5% above national average. The practice had informed us they had identified coding problems in cervical screening data which had led to discrepancies in reporting in 2014/15. We were told that these had now been rectified for future reporting. There was a policy to offer reminder letters for patients who did not attend for their cervical screening test and a note placed on their records if they did not make contact. The practice always ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 61% which was similar to the CCG average of 63%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 79% which was the same as the CCG average.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 96% within the practice. The CCG rates varied from 92% to 96%. Five year old vaccinations ranged from 92% to 99% within the practice. The CCG rates ranged from 88% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. In December 2015, the practice had issued 258 invitations and undertaken 101 healthchecks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We reviewed 34 patient Care Quality Commission comment cards and found that 33 of these were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Positive comments were received about all of the staff in the practice.

We spoke with members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. During our inspection, we saw nursing staff assisting patients who had mobility problems in the reception area.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 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 national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

The majority of 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. One patient told us they had changed their GP to another in the practice as they felt their appointments had been rushed. Patient feedback from the comment cards we received was positive and aligned with the majority of views. 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 mainly in line with or above local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. Information about this was available on the practice's website.
- The practice had a hearing loop in reception for those patients with hearing difficulties.
- The practice's computer system highlighted alerts on patients' records if they were in need of additional support. Reception staff were able to view these alerts and ensure additional considerations were made if necessary.

### **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 237 patients as carers (2% of the practice list). The practice reception area had a carers information board which included contact details for local support groups. The practice website also contained information for those who had carers responsibilities.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered same day appointments for patients who required to be seen urgently. A daily emergency triage system was also in use where appointment availability became limited. This involved one of the practice GPs contacting patients by telephone to offer medical advice and allocate a face to face appointment if required.
- A variety of services were made available through appointments with nursing staff in the practice, such as chronic disease management. A nurse prescriber was employed who could prescribe medicines for specific clinical conditions.
- Same day appointments were prioritised for babies and children requiring advice and treatment.
- There were longer appointments available for patients with a learning disability and other patients who were considered as vulnerable and needing extra time.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provide care for a number of its patients living in residential care homes. This included patients living in a specialist unit with complex brain injuries or other complex neurological conditions. Practice management and a member of staff at the unit informed us that patients and their family members had preferentially registered at the practice because of their view of the quality of care and responsive service.
- A substance misuse service was offered to those patients registered at the practice as well as those at other neighbouring practices who would benefit. This GP shared care service was the only one offered to residents within the Hucknall area.
- A dermatology service was provided to those patients as well as other residents living within the CCG boundary who would benefit.
- A full range of contraceptive services were available for patients to meet their needs and preferences.

- Patients had access to a community phlebotomy service located next to the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered minor surgery, such as the removal of minor skin lesions to those patients who would benefit.
- The practice also offered cryotherapy, the use of extreme cold in surgery or other medical treatment to destroy abnormal or diseased tissue. It is used to treat skin conditions such as warts and moles.
- A range of online services were offered which included appointment booking and prescription ordering.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open on Mondays to Fridays from 8am to 6.30pm. Appointments were available Mondays to Fridays 8.30am to 6pm. The practice did not offer extended hours access. The practice was closed during weekends. Pre-bookable appointments could be booked up to four weeks in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages with the exception of seeing a preferred GP. The practice told us they continuously reviewed its appointment system to try to ensure patients were satisfied with access arrangements.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 43% of patients usually get to see or speak to their preferred GP compared to the CCG average of 55% and national average of 59%.

Whilst the majority of feedback we received was positive regarding access to the practice, two patients we spoke with and five comment cards we received referred to difficulty in being able to obtain an appointment. Some comments also included that appointments could often run late. The practice informed us they were attempting to recruit a salaried GP to help meet patient demand.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

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

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had adopted a system where home visiting was shared amongst the clinicians. We saw evidence that home visits were undertaken whenever considered necessary and therefore patient care was always prioritised. Care home managers we spoke with also praised the practice GPs for their responsiveness in attending care homes where patients were residing.

## **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. This was available on the practice website and in a leaflet available within the practice reception. We noted however, that information was not included about other organisations that could be contacted for help and advice.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, a complaint was received regarding a miscoded medical diagnosis recorded in error onto the practice's computer system. We saw that apologies were offered to the complainant. Subsequent actions by the practice included an audit of the practice computer system to ensure that other patients had not been affected by the same error. The practice undertook trends analyses of complaints received.

# 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 objectives included the delivery of a high standard of medical care whilst maintaining high quality care through continuous learning and training. The practice stated it was committed to ensuring a safe and effective service and environment. Staff we spoke with, knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was involved in the Hucknall planning group looking at ways to support the increase of patients due to new housing development. The practice had plans to move to a new building and undertake federated working with six practices based in the Hucknall and Eastwood area of Nottinghamshire.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented, updated and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practice's review of patients at risk of hospital admission and assessment of its performance against QOF data and CCG statistical information.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, although minor surgery audit had not yet been undertaken .
- There were robust arrangements for identifying, recording and managing most risks, issues and

implementing mitigating actions. We noted an exception in relation to staff recruitment procedures where documentation had not been retained on record. We also identified a weakness in relation to the absence of the monitoring of uncollected prescriptions for a particular higher risk medicine.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. A member of staff we spoke with told us that no hierarchy in place and partners were welcoming to staff who approached them.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people information, reasonable support and a verbal and written apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence which was reviewed to ensure corrective measures implemented had been effective.

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

- Staff told us the practice held regular team meetings. We reviewed documented minutes of regular practice meetings, reception staff meetings and nurse 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.

# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. A member of staff told us they had autonomy to lead their team and could rely on the practice manager for help and support at any time. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, assisted in patient surveys and submitted proposals for improvements to the practice management team. The PPG had been consulted with during ongoing reviews of the practice's appointments system. The PPG had also been involved in the practice's future planning as a result of the impacts of local housing expansion.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	<b>Ensure all documentation and information required by Schedule 3 is available in respect of staff members employed at the service.</b>
Surgical procedures	Regulation 19
Treatment of disease, disorder or injury	