

East Leake Medical Group

Quality Report

East Leake Health Centre
Gotham Road
East Leake
Loughborough
Leicestershire
LE12 6JG

Tel: 01509 852181

Website: www.elmgroupsurgeries.com

Date of inspection visit: 16 and 21 March 2018

Date of publication: 18/05/2018

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to East Leake Medical Group

4

Detailed findings

5

Letter from the Chief Inspector of General Practice

This practice is rated as Outstanding overall.

(Previous inspection February 2015 – Outstanding)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those recently retired and students) – Outstanding

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) – Outstanding

We carried out an announced comprehensive inspection at East Leake Medical Group on 16 and 21 March 2018 as part of our inspection programme.

At this inspection we found:

- There were safety policies including adult and child safeguarding policies in place and staff were familiar with these. Staff received safety information as part of their induction and refresher training and knew how to raise concerns.
- The practice identified vulnerable patients and worked with other agencies to support and protect them from neglect and abuse.
- Care records gave the information needed to deliver safe care and treatment and were accessible to relevant staff in an accessible way, including for extended hours appointments.
- Arrangements for the storage of medicines and the operation of the dispensary kept patients safe.
- Patients participated in national screening programmes and health initiatives with encouragement and support from the practice.
- The most recent published QOF results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 96%. The overall exception reporting rate was 6% compared with a CCG and national average of 10%.
- Patients could access services in ways that were convenient to them, including using online services and accessing routine appointments with GPs and nurses outside of usual surgery hours.

Summary of findings

- The practice collaborated with stakeholders and played a key role in developing services across the whole CCG area.
- Staff were respected and valued. They felt proud to work for the practice.
- The patient participation group (PPG) played an active role in representing patient views and developing services.
- The practice was open to innovation and developed new ways to improve services for patients.

We saw areas of outstanding practice:

- The practice had initiated, piloted and participated in the development of an innovative and comprehensive electronic system to guide clinicians along appropriate care pathways and aid their decision making. This was known as 'F12 Pathfinder' and meant clinicians pressed one key to access all the templates and protocols they needed when considering the health needs of patients. The F12 Pathfinder system was built into the electronic record system and templates were automatically pre-populated with individual information from patient records. There were templates for a broad range of health issues including for example, heart failure and cancer, which meant clinicians were confident they were following relevant up to date

guidance and pathways and had support for their decision making. In each case, the template guided clinicians through the relevant pathway, ensuring accurate information was gathered, basic investigations completed, tests carried out and referrals made. The templates were personalised to the Rushcliffe area and reflected the services that were available to the practice, for example giving details of local clinics and their referral criteria.

- The practice collaborated with stakeholders and played a key role in developing services in the practice and across the whole CCG area, including the 'Let's Live Well in Rushcliffe' scheme and the extended hours service. They had developed a programme to identify patients with undiagnosed atrial fibrillation (AF) and this had been successful in increasing the numbers of patients identified and treated for this long term condition. Their development of a multi-agency CCG wide model of enhanced care home support for older people had improved care for these patients and resulted in a reduced number of emergency admissions to hospital. The practice were active in the GP Federation and GPs from East Leake Medical Group took lead roles in the development of services across the local health community.

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

East Leake Medical Group

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, a practice nurse specialist adviser and an expert by experience.

Background to East Leake Medical Group

East Leake Medical Group is registered with the CQC as a GP partnership with six GP partners. The practice is based at East Leake Health Centre, Gotham Road, East Leake, Loughborough, Leicestershire LE12 6JG. There are also two branch sites in the nearby villages of Sutton Bonnington and Ruddington. We visited East Leake Health Centre and the Sutton Bonnington and Ruddington branch sites during our inspection.

The practice has a population of 13,608 patients and is in one of the least deprived areas of England. 3.5% of patients are from black and minority ethnic groups.

The Sutton Bonnington branch is able to offer dispensing service to patients who live more than one mile (1.6km) from their nearest pharmacy.

The practice is open from 8am until 6.30pm Monday to Friday with appointments available at varying times across the three sites. Extended hours appointments are available at the practice from 7am three mornings per week.

Patients can also access extended hours appointments between 6.30pm and 8pm in the evening on weekdays and between 8.30am and 12.30pm at weekends via the Rushcliffe area extended hours service.

When the practice is closed patients are advised to contact the NHS 111 service if they require urgent medical advice.

The practice has a range of clinical staff available to support patients. Alongside the six GP partners the practice employs two salaried GPs. (In total six male and two female GPs.) The practice is a teaching practice and accommodates placements for GP registrars. At the time of this inspection there were three GP registrars working at the practice. (A registrar is a qualified doctor who is training to become a GP). The practice is also a training practice providing training sessions to medical students on a rotational basis. The practice employs a nurse practitioner, two practice nurses and three health care assistants.

Further information about the practice can be found on their website; www.elmgroupsurgeries.com

This inspection is a comprehensive ratings inspection as part of our sample of locations previously rated Good or Outstanding. There are no specific concerns or known risks.

The practice was previously inspected in February 2015 and rated Outstanding. That report can be found on the CQC website at;

<http://www.cqc.org.uk/location/1-582137422>

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums as part of the practice locum pack. Policies outlined clearly who to go to for further guidance within the practice and external organisations. For ease of reference information about multi-agency safeguarding arrangements was also displayed in poster form throughout the practice.
- Two of the GPs shared responsibility for leading on safeguarding within the practice and staff knew they could approach these GPs if they had any issues they wished to raise.
- There was a system to highlight any vulnerable adult or child patients on records so that staff were alerted to this information. The practice used this recording system consistently and the details from it provided a register of these vulnerable patients. There were discussions at monthly clinical meetings about any vulnerable families.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. For example, the practice met with health visitors and midwives on a monthly basis to review cases and decision making.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- Information was clearly displayed throughout the practice advising patients that they could request a

chaperone for intimate examinations or support. Many of the patients we spoke with during the inspection were aware of the role of chaperones and knew they could request this support if they wished.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control. This included regular audits of each site to ensure safe environments and safe practise.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. When additional GP staffing was needed the practice approached their regular GP locums who had previously worked at the practice as registrars.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. They were familiar with up to date guidance about timely identification and treatment and used prompts on the electronic recording system to support consistent assessment of patients.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff had received relevant

Are services safe?

training, for example on anaphylaxis and CPR (c). They knew how to recognise acutely unwell patients, including awareness of symptoms which might indicate sepsis, and how to respond. There was a formal triage document for front desk staff to follow when responding to emergency situations.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. This included information being available when patients attended extended hours appointments at other locations as part of the Rushcliffe area hub arrangements.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information and there were arrangements in place to ensure referrals were made in a timely way.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were monthly meetings with CCG prescribing advisors to

support good practice. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Clinicians followed electronic templates for medication reviews which included prompts to ensure the review was comprehensive and included up to date information about each medicine.
- The practice monitored those individuals prescribed high risk medicines within secondary care as part of shared care arrangements to keep patients safe. The systems worked effectively to ensure these patients were properly monitored.
- Monthly audits were carried out to ensure all patients received the necessary checks and omissions were acted on. The electronic system included information about dates when checks were due so clinicians were alerted to these when viewing patient records. The practice involved patients in regular reviews of their medicines. If patients failed to attend for reviews the practice followed this up and made alternative plans.
- Arrangements for dispensing medicines at the practice Sutton Bonnington site kept patients safe. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These procedures were up to date and they were reviewed in response to incidents or changes to guidance in addition to annual review.
- Within the dispensary medicines were kept securely and access was restricted to authorised staff only.
- Two GPs shared responsibility for overseeing the dispensary.
- Prescriptions were signed before medicines were dispensed and handed out to patients.

Track record on safety

The practice had a good safety record.

- The practice conducted safety risk assessments, including those for fire, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), and general health and safety

Are services safe?

issues. There were a range of safety policies in place which staff knew how to access. Staff received safety information during their induction and ongoing training programme.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. The recording of these was well detailed, demonstrated that the practice reflected on the events and, where appropriate, made changes to improve patient care. For example, the practice had reflected on a delay in diagnosis of a long term health condition. The circumstances had been discussed in detail and action taken to share learning across the clinical team. The recording arrangements for significant events were clear and confirmed actions taken. Staff we spoke with confirmed feedback from any significant events was discussed in clinical and admin staff meetings.
- Staff understood their duty to raise concerns and report incidents and near misses. They felt confident to raise any issues, should they need to, and found leaders and managers supported them when they did so.
- There was a system for receiving and acting on safety alerts with these being logged and disseminated to relevant staff. Action was taken when necessary, for example undertaking a search against patient records and discussions took place in clinical and staff meetings. To embed this information into day to day practice it was also incorporated into the practice electronic record system so that relevant and up to date guidance was automatically brought to the attention of clinicians during their consultations. For example, if a clinician was considering prescribing a particular medicine that had been the subject of a safety alert or guidance this information would automatically appear on screen, prompting the clinician to review the information and check it was appropriate to prescribe the medicine.



Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as outstanding for providing effective services.

The practice was rated as outstanding for providing effective services because:

- They had initiated and developed an innovative and comprehensive electronic system known as 'F12 Pathfinder' to guide clinicians along appropriate care pathways and aid decision making.
- They played a very active role in local and national improvement initiatives.
- They proactively supported their patients to live healthier lives, including their development of the 'Let's Live Well in Rushcliffe' scheme which was well embedded into their day to day practice and had been rolled out across the area.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had initiated, piloted and participated in the development an innovative and comprehensive electronic system to guide clinicians along appropriate care pathways and aid their decision making. This was known as 'F12 Pathfinder' and meant clinicians pressed one key to access all the templates and protocols they needed when considering the health needs of patients. The F12 Pathfinder system was built into the electronic record system and templates were automatically pre-populated with individual information from patient records. There were templates for a broad range of health issues including for example, heart failure and cancer, which meant clinicians were confident they were following relevant up to date guidance and pathways and had support for their decision making. In each case, the template guided clinicians through the relevant pathway, ensuring accurate information was gathered,

basic investigations completed, tests carried out and referrals made. The templates were personalised to the Rushcliffe area and reflected the services that were available to the practice, for example giving details of local clinics and their referral criteria.

- These templates helped clinicians identify when referral to a specialist service was appropriate. The prompts included in the templates ensured all necessary information was gathered and checks completed so the referral could be made efficiently. Secretarial staff accessed the electronic templates to complete the referral processes and found the process made the referral process more efficient by ensuring all relevant information was in place.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice made use of a tele-dermatology service for specialist, convenient and speedy diagnosis of skin lesions as an alternative to a hospital referral.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. The practice used a comprehensive tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients were sent a card on their 75th birthday along with an invitation for an over 75s health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.



Are services effective?

(for example, treatment is effective)

People with long-term conditions:

- 97% of all patients with a long-term condition had an up to date care plan in place. Care plans we reviewed were up to date, contained relevant information and reflected the complexities of peoples health conditions.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- During our inspection we spoke with member of the district nursing team who described a very positive, collaborative working relationship between their service and the practice.
- Staff who were responsible for reviews of patients with long term conditions had received specific training to support them in these roles.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- A full range of contraceptive services were available to patients, including implants and coil fittings. The practice had links with local sexual health services and referred patients to these when appropriate.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. There was regular liaison with health visitors, including at monthly meetings, to help monitor children who might be at risk.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 85%, which was in line with the 80% coverage target for the national screening programme and comparable to the CCG average of 83% and national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line with local and national averages. Uptake for the number of eligible patients screened for breast cancer in over three years was 84%, compared to the CCG average of 83% and the national average of 70%. Uptake for the number of eligible patients screened for bowel cancer was 66%, compared to the CCG average of 66% and the national average of 55%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Annual health reviews had been completed for 20 of the 24 patients on the practice's learning disability register. There were specific circumstances that meant a review of the remaining four patients was not appropriate at the time of this inspection, but the practice was fully aware of the reasons for this and were continuing to monitor. These reviews included enhanced capacity assessments to ensure that patients ability to make decisions was fully considered.
- The practice had carried out a quality improvement audit to review whether patients with a learning disability had access to similar medical management as patients without a learning disability.



Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people with dementia):

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to local and national averages. The exception reporting rate was 5%, which was below the CCG average of 6% and the national average of 7%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 2% above the local average and 6% above the national average. The exception reporting rate for this indicator was 0%, which was well below the CCG average of 11% and national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable with local and national averages. Patients with poor mental health had access to health checks and where appropriate were referred to other services. For example, the practice referred patients to the local 'Live Well' scheme which supported people to take part in regular physical and leisure activities helping to address health issues and social isolation.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Clinicians took part in local and national improvement initiatives.

The most recent published QOF results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 96%. The overall exception reporting rate was 6% compared with a CCG and national average of 10%.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, they reviewed their QOF performance on an ongoing basis, using their 'how am I driving' data to help ensure that they were focussing on patient care and reviews appropriately.
- The practice was actively involved in quality improvement activity. During the last year, nine two cycle audits had been completed to check improvements achieved. The areas for audit had been identified in discussion with practice leaders.
- We reviewed completed audits which confirmed the practice used these processes to help improve outcomes for patients. For example, an initial audit of the management of thyroid function identified areas where changes could be made. The practice implemented these changes and carried out a second audit which showed improvements for patients.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment



Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. The practice worked closely with other organisations to help deliver positive outcomes for patients.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. These plans gave useful, up to date information about patients health and support needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. They used the information captured in the electronic patient records to provide patients with self-help printouts. This gave the patient information and advice relevant to their health condition and signposted them to other agencies that could support them. Blood pressure monitors were loaned to patients on a short term basis to help with the monitoring of their health. Patients were asked to keep a record of the readings and these were then discussed at a follow up appointment with a clinician.
- The practice supported the 'Reading Well Books on Prescription' scheme which gave patients access to relevant library books to help them use self-help reading

to understand and manage their health and wellbeing. As well as encouraging patients to make use of this, the practice had also attended a promotional event in the local library to help raise awareness of the scheme.

- Staff discussed changes to care or treatment with patients and their carers as necessary. Patient feedback collected during the inspection demonstrated that patients felt well involved in their discussions with clinicians.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. They also referred patients to a health coach via the 'Let's Live Well in Rushcliffe' scheme. The scheme had originally been led and developed by the practice and following its success it had been rolled out to the whole Rushcliffe area. It linked patients to local healthy lifestyle activities to support and improve their health. Over a two month period the practice had referred over 30 patients to this service and feedback from patients was positive. The practice told us that they had seen a .

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Staff across the practice had completed relevant training in the Mental Capacity Act (MCA) 2005. The MCA affects the way that registered care, treatment and support services make decisions on behalf of people who do not have the capacity to make some decisions for them.
- Reviews of patients with a learning disability included enhanced capacity assessments to ensure that patients' ability to make decisions was fully considered.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Clinicians had access to a mental capacity assessment template on the electronic recording system and we saw an example where this had been used during the care of a patient with dementia.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A number of the 20 patients we spoke with during our inspection specifically commented on the positive relationships between themselves and GPs. They trusted the GPs they saw and felt that they were sensitive to their needs.
- Patients were sent a card on their 75th birthday, which included information about the benefits of attending for a health check.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 223 surveys were sent out and 118 were returned, which was a response rate of 53%. This represented less than 1% of the practice population. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.

- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

We spoke with 20 patients during the inspection and received 51 completed comment cards. This feedback mirrored the findings from the national GP patient survey and showed the overwhelming majority of patients felt they were treated with compassion, dignity and respect. It was also in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They provided them with information about their care and treatment and helped them to ask questions.

The practice proactively identified patients who were carers and maintained a carer's register. They did this in a variety of ways; new patient registration questionnaire, clinical consultations with either the carer or the cared for person, reception staff discussions with either the carer or the cared for person and information shared by other health or care professionals. The practice's computer system alerted staff if a patient was also a carer and overall 247 patients had been identified (2% of the practice list).

Are services caring?

- A member of staff acted as a carers' champion and had lead responsibility for overseeing the carers register and ensuring that there was accurate and up to date information available about the various services that were available to offer support.
- There were posters and information leaflets in the waiting rooms to make patients aware of the services that were available to support carers.
- The CCG and Carers Federation had worked together to establish a range of services and support for carers across the Rushcliffe area. These services were available to all carers in the area and the practice signposted patients to these when appropriate.
- Services offered included regular carers support group meetings. There were also drop in sessions arranged with a member of staff from the Carers Federation. Prior to these sessions the practice sent text messages to everyone on their carers register inviting them to meet with this member of staff for support or queries.
- The practice offered carers annual health checks and flu immunisations. Flu clinics were offered on Saturdays to encourage take up.
- Following the death of a patient a personal letter was written by a GP, on behalf of the practice, to the bereaved family to offer condolences and support.

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 local and national averages:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Reception staff were mindful of patient privacy and conversations with receptionists could not be overheard by patients in the waiting room.
- If patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- The practice complied with the Data Protection Act 1998, and staff were up to date with training in information governance.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as outstanding for providing responsive services.

The practice was rated as outstanding for responsive because:

- Action had been taken in response to the preferences patients had expressed and to provide services in ways that met their needs more easily. This included increasing the range of extended hours appointments and enabling patients to access more specialist services locally.
- Their development of a multi-agency CCG wide model of enhanced care home support for older people had improved care for these patients and resulted in a reduced number of emergency admissions to hospital.
- A programme had been developed to identify patients with undiagnosed atrial fibrillation (AF) and this had been successful in increasing the numbers of patients identified and treated for this long term condition.
- The practice had reviewed the way patients with a learning disability were supported. This aimed to improve the way their overall health was monitored, including having comparable access to preventative support.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice was open until 6.30pm each weekday and offered early morning appointments from 7am three days per week. Patients were also able to access extended hours appointments during evenings and weekend mornings through the Rushcliffe area arrangements.
- Patients preferences had been taken into account in the way services were arranged and the results of the practice's own 2016 patient survey had informed changes in the way services could be accessed. For example, patients had asked for quicker and easier

access to appointments and there had been improvements in arrangements for extended hours appointments, promotion of online services and a new arrangement introduced to reserve slots for follow up appointments. Patients had asked for access to community based specialist services and the practice had responded with an increase in the use of virtual consultations for haematology, renal, paediatrics, osteoporosis, cardiology and rheumatology. The practice reported that 31% of initial requests for these types of specialist support had been resolved in this way. This was supported by practice supplied data which showed that the practice had the lowest number of first outpatient attendances across the CCG area.

- The practice actively promoted the use of online services for booking appointments and ordering repeat prescriptions and this had led to a significant increase. Over a two year period the number of patients using this facility had increased significantly from 20% to 54%, with 7296 patients now registered for online access.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with a named GP and good links with other services.
- Some appointment slots were reserved for follow up appointments which meant, when necessary, GPs could arrange follow up appointments during the initial consultation. This enabled follow up appointments to happen within appropriate timescales.
- The Sutton Bonnington dispensary offered services for people who needed additional support with their medicines. This included blister packs and large print labels for patients who needed this type of support to take their medicines.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice provided support to patients living in a local care home. Feedback from the care home indicated they were satisfied with the support they received from the practice, including regular visits by one GP to help ensure continuity of care for patients.



Are services responsive to people's needs?

(for example, to feedback?)

- The practice had been instrumental in the development of the CCG wide model of enhanced care home support. This involved organisations across health and social care working together in a more coordinated way to support care home residents in Rushcliffe. The scheme had been externally evaluated and found the number of emergency admissions of patients resident in care home in Rushcliffe was 29% below other similar care home residents.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had taken action to prevent strokes in response to public health data that indicated a significant number of patients might have undiagnosed atrial fibrillation (AF). Since September 2016 85% of patients aged over 65 years had been screened for AF which had identified new cases and increased the practice AF prevalence rate by 26%. The practice estimated this had resulted in the prevention of two strokes per year amongst their patient population and 13 across Rushcliffe as a whole. The work had been rolled out across the CCG area, had been recognised by the AF Association and received a Healthcare Pioneers award in 2018.
- There were systems in place to help identify whether patients with long term conditions had any mental health concerns. As part of the review of the patient's health their mental health was also considered and was included in the review template used by clinicians.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who

were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this and showed there was good liaison with other health and social care professionals.

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. There were extended hours appointments available at each of the three sites and also at three nearby locations in the evenings and weekends as part of the Rushcliffe hub arrangements.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice reviewed this information to ensure it was up to date and to help them monitor that patients received appropriate support and reviews.
- The practice had used an audit to review whether patients with a learning disability had access to similar medical management as patients without a learning disability. The audit had considered a variety of health factors including whether patients with a learning disability had comparable access to cervical screening, weight management support if they were obese and educational programmes if they were diabetic. As a result of the audit, the learning disability review template was amended to prompt discussion and action in these areas, discussions were held to raise awareness with clinical staff and priority areas for action identified. A further audit was planned to take place in six months' time to review progress.

People experiencing poor mental health (including people with dementia):



Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. They received training to support them in their understanding of patient's needs.
- The F12 Pathfinder care pathway and decision making tool included information relevant to this patient group such as details about substance misuse support and dementia services.
- The practice accessed enhanced mental health clinics which were provided through the Rushcliffe multi-speciality community provider (MCP) and provided support for patients with conditions such as unexplained medical symptoms and refractory depression. (Refractory depression is a depressive disorder that does not respond to appropriate courses of antidepressants.)
- Patients were referred to the 'Let's Live Well in Rushcliffe' scheme for support with managing their health conditions.
- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 80% of patients who responded said they could get through easily to the practice by phone; CCG - 84%; national average - 71%.
- 91% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 90%; national average - 84%.
- 89% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 77% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 73%.
- 63% of patients who responded said they don't normally have to wait too long to be seen; CCG - 67%; national average - 64%.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. 223 surveys were sent out and 118 were returned, which was a response rate of 53%. This represented less than 1% of the practice population. This was supported by observations on the day of inspection and completed comment cards.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately and gave careful consideration to any complaints that were raised.
- The complaint policy and procedures were in line with recognised guidance. 11 complaints were received in the last year. We reviewed 2 complaints and found that they were satisfactorily handled in a timely way. Correspondence showed the complaints had been fully investigated and responses were detailed and sensitive, including meeting with complainants to discuss their concerns in person.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following an investigation into a patient complaint about the handling of a telephone call the practice had provided some additional training for reception staff.

Are services well-led?

Outstanding



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

Our findings

We rated the practice and all of the population groups as outstanding for providing a well-led service.

The practice was rated as outstanding for well-led because:

- Leaders had the capability to deliver and develop high quality care which benefitted patients in the practice and the wider CCG area.
- The practice collaborated with stakeholders and played a key role in developing services across the whole CCG area. For example, they had piloted the 'Let's Live Well in Rushcliffe' scheme and developed this in partnership with the CCG, leading to the scheme being rolled out to the whole Rushcliffe area. The practice were active in the GP Federation and GPs from East Leake Medical Group took lead roles in the development of services across the local health community.
- The practice was open to innovation and developed new ways to improve services for patients. For example, they had designed and developed the F12 Pathfinder care pathway and decision making tool which had subsequently been rolled out across the CCG area.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it. The leadership of the practice was stable with a longstanding group of leaders responsible for the management of the practice.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were proactive in addressing them, playing an active role in the health community. Senior staff in the practice were actively involved in the local clinical commissioning group (CCG). One GP partner was the CCG lead for long term conditions and had led work to improve care for patients with atrial fibrillation and stroke prevention. Another GP partner was the CCG clinical lead for the extended service model which operated across the Rushcliffe area seven days per week. The practice was

also a key member of the local GP Federation (PartnersHealth) and the Rushcliffe multi-speciality community provider (MCP) Vanguard. (MCPs are partnerships with a single budget for care. Vanguards are supported by the NHS to create new, improved ways of working.)

- Leaders at all levels were visible and approachable. They worked closely with staff and took into account their views in the way the service was run.
- The practice had effective processes to develop leadership capacity and skills, including having a well-structured leadership team with lead roles and areas of individual responsibility clearly defined.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities and these were aligned to local and national priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region and the practice collaborated with stakeholders and played a key role in developing services across the whole CCG area. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They felt they were part of a supportive, well performing team and were proud to work in the practice.
- The practice focused on the needs of patients and how they could achieve improved outcomes for them.
- Openness, honesty and transparency were demonstrated when responding to incidents and

Are services well-led?

Outstanding



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

complaints. We saw examples of incidents which the practice had investigated, reflected on and, when appropriate, given explanations and apologies to patients. The arrangements in place demonstrated that the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They were comfortable approaching senior staff and had confidence any concerns they raised would be addressed.
- There were processes for providing all staff with the development they need. Staff received annual appraisals and those we spoke with described this as a useful process, with the opportunity to review progress and set goals for the forthcoming year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. There were policies in place to support staff, such as during ill health. Occasional social events were arranged for staff, including a meal out to celebrate Christmas.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was a clear structure of regular meetings to oversee clinical and contract performance. For example, there were monthly practice meetings and separate clinical meetings and nurse meetings. Staff reported the meetings they attended were useful, gave them an opportunity to discuss relevant issues and new information.

- There were formal governance and management arrangements for partnerships and joint working arrangements. For example, there were regular meetings of the GP Federation (PartnersHealth) which the practice was a member of. These meetings reviewed performance of the member practices by discussing activity and identifying areas for improvement.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which sets out quality standards, including levels of staff training, and rewards practices for providing high quality services to patients of their dispensary.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The practice regularly reviewed their activity and used audits to assess and improve the way they worked. For example, an audit of the care of patients with a learning disability had led to improvements in the way their health needs were monitored and supported.
- The practice had plans in place and had trained staff for major incidents. There were clear protocols in place for incidents that might affect the running of the service. For example, reception staff had an understanding of the steps to take in events such as telephone failure or fire. There were plans in place to ensure the service

Are services well-led?

Outstanding



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

could still operate smoothly in the event of any unexpected situations and these plans had been implemented successfully during the 2017 NHS cyber attack.

- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. This was reviewed by the practice and by the CCG wide GP Federation (PartnersHealth), which gave a forum for comparison and discussion. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. There were contributions from all relevant staff when considering areas for improvement.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. This data received careful scrutiny within the practice and when needed plans were put in place to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were reliable arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Staff were aware of the steps they needed to take to help protect confidential information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group (PPG) known as the East Leake Medical Patients Partnership (ELMPP). The group had a good oversight of the running of the practice and held regular meetings which were attended by senior staff from the practice. They produced quarterly, informative newsletters and operated a virtual PPG using email to circulate information and gather views on a variety of topics relevant to the running of the practice. This helped them to make sure they were representing a broad range of patient views.
- The PPG carried out surveys to capture patients' views and help make improvements. For example, a previous survey had identified some areas for improvement, including staff giving their names when answering calls and wearing name badges.
- Their most recent survey had involved PPG members spending time in the waiting room gathering views from patients and a report of their findings was due to be raised at the next PPG meeting. The report showed issues such as privacy in reception, booking appointments and handling dissatisfied patients had been highlighted for improvement.
- The PPG had a role in any data collection relating to patient satisfaction. Friends and Family Test data was reviewed and analysed by the PPG and then presented to the practice.
- The PPG had links with a range of other organisations in the Rushcliffe area and more widely. They had a good understanding of other services that operated in the area and invited other organisations to attend their PPG meetings to share information and provide updates.
- The service was transparent, collaborative and open with stakeholders about performance. There were positive relationships with the clinical commissioning group (CCG) and the practice was actively involved in the GP Federation and the wider health community.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

Are services well-led?

Outstanding



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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice manager acted as a mentor for a member of staff in a neighbouring practice.
- The practice took an innovative approach to improve services. They had designed and developed the F12 Pathfinder care pathway and decision making tool. To enhance the value of this they had worked with practices across the CCG to develop it further, resulting in it being adopted across the CCG area.
- The 'Let's Live Well in Rushcliffe' scheme had been developed and led by the practice in partnership with the CCG before being rolled out to the whole Rushcliffe area. The scheme linked patients to local healthy lifestyle activities to support and improve their health.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.