Family Medical Centre - Sood

Quality Report

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

carried out an announced comprehensive inspection at Family Medical Centre on 1 March 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared widely across all staffing groups.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice used clinical audit to drive quality improvement within the practice
- Feedback from patients about their care and treatment was positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example the practice had close working relationships with homeless services within the city and provided outreach clinics on a weekly basis.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had worked with a local young people's group to review their services and had developed an action plan as a result of their recommendations.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result. All staff were involved in reviewing complaints to identify learning.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- The practice was proactive in working with other local providers. For example, the practice had recently been awarded research hub status and was being supported by a number a local practice to lead on research.

We saw several areas of outstanding practice including:

- The practice was committed to working with people whose circumstances might make them vulnerable. For example; the practice had a long history of working with homeless patients across Nottingham. In addition to removing barriers for these patients to access services at the practice, they undertook outreach clinics in local hostels on a weekly basis. Weekly substance misuse clinics were run from the practice.
- Staff had received training in domestic violence awareness and had dedicated domestic violence champions. The practice worked closely with local services providing support to people who had suffered domestic violence.
- There was a high level of engagement with younger people. For example, the practice had dedicated leaflets for younger people explaining the service they provided at the practice and detailing other services which were available in the local area including sexual health services. In order to ensure they were accessible to younger people the practice had worked with a local young people's organisation, Future Pulse, to review their services. The practice had received positive feedback following the review and had developed an action plan in response to the recommendations for improvement.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There were effective systems in place to report and record significant events. Significant events were regularly reviewed and analysed to ensure themes or trends were identified.
- Lessons were shared widely to make sure action was taken to improve safety in the practice.
- When things went wrong patients were offered support and explanations as well as being given information about actions taken to improve processes to prevent something similar happening again. Apologies were offered where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the local average. The practice had achieved
- The practice had identified areas for improvement and was working to address these. For example the practice had appointed a new lead clinician for asthma and practice supplied data showed performance for asthma related indicators was improving.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The practice had undertaken 32 clinical audits in the last two years, seven of which were second cycle audits. A further six audits were planned to be repeated this year.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Monthly multidisciplinary meetings were held to discuss patients at high risk of admission to hospital.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This aligned with feedback from completed comment cards.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding 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. For example, in order to meet the demand of an increasing list size and to enable them to provide more community based services, the practice was planning an extension and improvements to their premises.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice worked closely with the local homeless team and facilitated access for homeless patients. Additionally they provided weekly outreach clinics at local hostels.
- There are innovative approaches to providing integrated patient-centred care. The practice provided weekly substance misuse clinics along with a specialist substance misuse worker.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had worked with local young people to review their services and was making improvements based on their recommendations.

Summary of findings

- The practice had implemented a new appointment system in response to patient feedback and high rates of missed appointments. This had reduced the number of missed appointments and feedback from patients was generally positive.
- Extended hours appointments were available on Saturday mornings to facilitate access for working patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Additionally plans were in place to make improvements to the premises.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared widely.

Are services well-led?

Outstanding ☆

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

- The practice had a clear vision with quality and safety as its top priority. The practice held annual strategy meetings and produced business plans with clear objectives. Objectives were challenging whilst remaining achievable. Business plans were regularly reviewed and updated.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice demonstrated a systematic approach to working with other organisations in the area to improve outcomes and tackle health inequalities. For example, the practice had worked with other organisations to support their most vulnerable patients including domestic violence support organisations and homeless services.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff were passionate about providing the best possible service to their patients at all levels within the practice. There was a low staff turnover and many staff had worked within the practice for more than 10 years. A number of the practice partners were former GP trainees who returned to work at the practice following their training.
- The practice had a well engaged patient participation group (PPG) which influenced practice development. The PPG met regularly and made suggestions for improvements to the practice. For example the group had supported the

Summary of findings

implementation of the new telephone and appointment system. Additionally the practice sought to involve the PPG in a wide range of areas. For example, a talk had been delivered to the PPG regarding the practice's role in research.

- The practice was committed to education and research. The practice had recently been designated as a research hub for the local area.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Routine chronic disease reviews were undertaken at home for housebound patients.
- The practice had dedicated GPs for local nursing homes who undertook regular ward rounds to provide continuity of care for the patients.
- Older patients at risk of admission to hospital were discussed at monthly multidisciplinary meetings hosted by the practice.

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Monthly multidisciplinary meetings were held at the practice to discuss patients at risk of admission to hospital.
- The practice had identified diabetes as an area for improvement. For example,
- Joint clinics were undertaken with a diabetic specialist nurse on a regular basis to facilitate the management of complex patients. This also served to enhance the skills of the practice based nurses.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- A dedicated member of administrative staff monitored patients who did not attend for scheduled appointments.

Families, children and young people

Outstanding

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice had a dedicated safeguarding lead who held monthly meetings with the health visitor, midwife and the practice's nursing safeguarding lead.
- The practice demonstrated that they were very proactive in trying to continually improve immunisation rates. Parents of children requiring immunisations were frequently contacted in excess of five times by telephone and in writing. The practice also liaised with community staff proactively to increase uptake rates. Weekly drop-in vaccination clinics were offered to help increase uptake rates.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered weekly integrated drop-in baby clinics where parents could bring children to see the practice nurse, health visitor or a GP.
- The practice demonstrated it was responsive to young people through their work with local young people's organisation, Future Pulse, who undertook a review of their service. The practice was acting on recommendations made by Future Pulse.
- Weekly drop in family planning clinics were provided which offered sexual health screening and participated in the c-card scheme (which enabled access to free contraception for people aged 13 to 24).

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were offered in addition to extended hours services on a Saturday morning.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a lead GP for patients with a learning disability and offered longer appointments for these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example the practice provided weekly substance misuse clinics in conjunction with the substance misuse worker for 15 to 20 people.
- Twice weekly outreach sessions were provided at local homeless hostels and more than of 300 consultations had been carried out with homeless patients in the last year.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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. Additionally staff were trained in the identification of patients who may have been subject to domestic violence.

People experiencing poor mental health (including people with dementia)

Good

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above the CCG average of 83.9% and the national average of 84%.
- 85% of patients with a mental health condition had a documented care plan in the last 12 months which was in line with the CCG average of 83.6% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support 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 local and national averages. A total of 412 survey forms were distributed and 114 were returned. This represented 28% response rate.

- 76% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%.
- 83% 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 83% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the 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 76% and the 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 33 completed comment cards, the vast majority of which were positive about the standard of care received. Patients highlighted the level of care received from all groups of staff within the practice. Patients described the environment as safe, hygienic and welcoming said they were always given enough time during consultations.

We spoke with 12 patients and members of the Patient Participation Group (PPG) during the inspection. Feedback from patients was that they were happy with the care they received and found staff to be dedicated, approachable and caring.

Outstanding practice

- The practice was committed to working with people whose circumstances might make them vulnerable. For example; the practice had a long history of working with homeless patients across Nottingham. In addition to removing barriers for these patients to access services at the practice, they undertook outreach clinics in local hostels on a weekly basis. Weekly substance misuse clinics were run from the practice.
- Staff had received training in domestic violence awareness and had dedicated domestic violence champions. The practice worked closely with local services providing support to people who had suffered domestic violence.
- There was a high level of engagement with younger people. For example, the practice had dedicated leaflets for younger people explaining the service they provided at the practice and detailing other services which were available in the local area including sexual health services. In order to ensure they were accessible to younger people the practice had worked with a local young people's organisation, Future Pulse, to review their services. The practice had received positive feedback following the review and had developed an action plan in response to the recommendations for improvement.

Family Medical Centre - Sood

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and two further CQC inspectors.

Background to Family Medical Centre - Sood

Family Medical Centre provides primary medical services to approximately 8679 patients through a general medical services contract (GMS). The practice is located in purpose built premises near to Nottingham city centre. The premises were extended in 1986 and 2010 to enable the practice to expand the services offered. The practice has car parking facilities and is accessible by public transport.

The level of deprivation within the practice population is above the national average. The practice is in the second most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas.

The clinical team comprises six GPs partners (four male and two female), three practice nurses and two phlebotomists. The clinical team is supported by a full time practice manager, an office manager/assistant practice manager and a team of reception and administrative staff.

The practice opens from 8am to 6.30pm Monday to Friday. Consulting times are from 8am to 12.30pm and from 2pm to 6pm with a duty doctor available until 6.30pm. Extended hours are offered on a Saturday morning from 8.30am to 12.45pm for routine appointments.

The practice is an approved teaching and training practice for medical students, nursing students and GP registrars. (A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice)

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016.

During our visit we:

- Spoke with a range of staff (including GPs, practice nurses, practice management and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There were effective systems in place to report and record significant events.

- Incident recording forms were available on the practice's computer systems which were completed by members of staff. Staff told us they would also inform the practice manager or a partner of any incidents.
- Lower level issues which did not meet the threshold for significant events were logged in a book in the reception area to ensure these were recorded and any learning identified.
- When things went wrong with care or treatment, patients were offered support and explanations. Apologies were offered to patients where appropriate and they were told any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Evidence showed that significant events were discussed and monitored at regular meetings. Additionally an annual review of events was undertaken to identify any themes or trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an abnormal test result for a patient had been mistakenly filed as normal. This was identified and the practice's policy in respect of these specific test results was changed to ensure all these results were reviewed by a GP. Reviews had been undertaken at one month and three months to ensure this was happening. A further review was planned for six months to ensure the changes made had been embedded.

Overview of safety systems and processes

The practice had robust and well embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local pathways and relevant legislation. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead GPs for child and adult safeguarding. Regular meetings were held with health visitors, midwives and school nurses to discuss children at risk The GPs attended external safeguarding meetings when possible 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 role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had been provided with training 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).
- We observed the practice to be clean and tidy and saw that systems were in place to ensure appropriate standards of cleanliness and hygiene were maintained. There were cleaning protocols and schedules in place. A practice nurse was the infection control clinical lead and they liaised with local infection prevention leads to keep up to date with best practice. There was an infection control policy in place and training had been provided for staff at a level relevant to their role. Regular infection control audits were undertaken and we saw evidence that action had been taken to address identified improvements. For example, the practice had purchased dispensers for paper couch roll as this had previously been stored on the floor.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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 prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Good

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

- The practice had procedures in place to monitor and manage risks to patients and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and 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. Rotas were planned for reception staff by the office manager and administrative staff provided support during busy periods.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs of patients and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- The practice had systems in place to keep all clinical staff up to date including regular clinical meetings. Staff had access to guidelines from 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, audits and of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 90% of the total number of points available. This was marginally below the CCG average of 91% and the national average of 94.7%. The practice had an exception reporting rate of 7% which was marginally below the CCG average of 9% and the national average of 9%. (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:

- Performance for diabetes related indicators was 66% which was below the CCG average of 79% and the national average of 89%. Exception reporting for diabetes related indicators was 7% which was below the CCG average of 10% and the national average of 11%.
- The percentage of patients with hypertension having regular blood pressure tests was 80% which was similar to the CCG average of 83% and the national average of 84%.
- 85% of patients with a mental health condition had a documented care plan in the last 12 months which was in line with the CCG average of 84% and the national average of 88%.
- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above the CCG average of 84% and the national average of 84%.

The practice was aware of areas for improvement and had implemented strategies to support this. For example, the practice had introduced a new recall system and taken advice from local practices regarding diabetes management. The practice told us that diabetes results were showing improvement in control of HbA1c (HbA1c tests help to show how well blood glucose levels and being controlled) although there was still work to do in respect of improving this in addition to improving blood pressure and cholesterol control.

Practice supplied data which demonstrated an improvement in the monitoring of patients with asthma. The practice had appointed a new clinical lead for asthma and there had been an increase in the number of patients who had received a review in the last 12 months from 64% to 70%.

There was evidence of quality improvement including clinical audit:

- There had been 32 clinical audits undertaken in the last two years, seven of these were completed audits where the improvements made were implemented and monitored. A further six re-audits were scheduled to be completed this year.
- Findings were used to improve practice. For example, the practice had undertaken audit of pregablin prescribing (pregablin is a medicine used to relieve pain from damaged nerves and to treat certain long term conditions) to consider adherence to local and NICE guidelines. Recommendations were made as a result of the initial audit and a re-audit was undertaken. Re-audit demonstrated an improvement in the prescribing of pregablin in respect of dosing regimens and reviews of prescriptions after the first month.
- The practice also undertook audits linked to its work with vulnerable patients. For example, the practice had

Good

Are services effective?

(for example, treatment is effective)

undertaken an audit in respect of the uptake of cervical screening in homeless women. A further future audit was planned and recommendations has been made to the CCG.

- The practice had worked with the CCG pharmacist to undertake 21 prescribing audits in the last two years all of which were re-audited to ensure that changes to prescriptions or dosages had been implemented.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice, along with another local practice, had recently been appointed as a research hub. The practice was also an education and training hub.

Effective staffing

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

- Inductions were provided for all newly appointments members of staff. In addition to role-specific training inductions covered general topics including safeguarding, health and safety, information governance and confidentiality.
- 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. For example, staff reviewing patients with chronic obstructive pulmonary disease (COPD) had received training to support them in this role. (COPD is the name for a collection of lung diseases).
- 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, attending refresher training and discussion at practice meetings.
- The learning needs of staff were identified through 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 and nurses. 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

Staff could access the information they needed to plan and deliver care in a timely way through the practice's patient record system and computer 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. We saw that staff worked together with other health and social care professionals to meet the needs of patients. This included when patients moved between services, for example when they were referred to other services or following a discharge from hospital. Meetings took place with other health care professionals on a monthly basis and the multidisciplinary worked together to assess and plan ongoing care and treatment. Care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff ensured that sought patients' consent to 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 and had received training in this area.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear an assessment of capacity was undertaken and the outcome recorded.
- The process for seeking consent was monitored through audits.

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

Good

Are services effective?

(for example, treatment is effective)

advice on their diet, smoking and alcohol cessation and those who were homeless. Patients were offered services from the practice or referred or signposted to the relevant service.

- Weekly New Leaf smoking cessation clinics were held at the practice and these could be accessed by patients. New Leaf services at the practice had been accessed by 93 local people, 53 of whom were patients of the practice. Records indicated 35 people had stopped smoking. The practice had referred 141 to other services elsewhere to support them to stop smoking and records showed that 60 of these had stopped smoking.

The practice's uptake for the cervical screening programme was 71%, which was marginally below the CCG average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, there was information displayed in the waiting area to encourage patients to attend bowel screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.3% to 96.3% and five year olds from 78.9% to 96.3%. The practice held a weekly integrated drop in baby clinic where parents could bring children to see any combination of health visitors, practice nurses or GPs. This was run alongside a weekly drop in vaccination clinic for children. The practice liaised regularly with colleagues working in the community to try to increase uptake of vaccinations. Efforts were made to contact the parents of children numerous times, frequently in excess of five times, via letter and telephone including utilising the language skills of staff and students where the parents did not speak English as a first language. The practice told us that some children were registered as living here but were often not in the country. Another challenge reported by the practice was the fact that some children had been initially vaccinated outside of the country meaning that they were subject to different vaccination schedules and records were not always available.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had undertaken 324 health checks since health check scheme was started and 35 since the start of the year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example, four patients had been identified as being high risk since the start of the year and appropriate action taken.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we saw that staff treated patients in a friendly and polite manner. The practice had measures in place to help patients feel comfortable and to maintain their privacy and dignity. These included:

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

We received 33 completed comment cards, 31 of which were positive about the service experienced. Patients said they found staff welcoming, helpful and caring. Comment cards highlighted that patients felt they were treated with dignity and respect by staff.

We spoke with 12 patients and 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on interactions with practice staff. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about their care and treatment. Patients told us they felt listened to and supported by staff and were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views.

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 marginally above local and national averages. For example:

- 90% 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%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language. Notices were displayed in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and some leaflets were available in alternative languages.
- The practice had undertaken an educational event for clinical staff in working with patient who had learning disabilities to increase awareness.

Good

Are services caring?

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. For example there was information related to support organisations for carers and young carers. 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 98 patients as carers which equated to approximately 1% of the practice list. The practice had two dedicated carers champions who gave support to carers including providing information packs. Written information was available to direct carers to the various avenues of support available to them. Representatives from a local charity who worked to support carers had been to speak with practice staff to ensure they were aware of the issues which carers faced.

Staff told us that if families had suffered bereavement, their usual GP contacted them where this was considered appropriate. This contact was either followed by a consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service if required.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had made improvements to the premises to cope with the demands of an increasing list size. The practice was in the process of working with architects and surveyors to further extend and improve the premises. Plans including adding additional consulting rooms, improving the entrance area and making more space available for community and neighbourhood services.

In addition:

- The practice offered appointments on a daily basis via telephone and in person between 8am and 6.30pm. Extended hours appointments were offered on Saturday mornings to facilitate access for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were longer appointments available for patients with a learning disability and review appointments were arranged to enable patients to be seen by the nurse and the GP consecutively on the same day.
- The practice had a lead nurse and a lead GP for patients with learning disabilities and provided care for all residents of a local care home for patients with a learning disability. Regular visits to care home were undertaken in addition to six monthly reviews of all residents.
- Same day appointments were available for children and all patients who required them.
- Smoking cessation services were hosted by the practice on a weekly basis.
- The premises were accessible for patients with a disability and there was a hearing loop available.
- The practice had a number of staff who spoke more than one language which facilitated communication where English was not a patient's first language. In addition, the practice had access to translation services. There was a notice in reception information patients that this service was available. A variety of leaflets were available in the reception area in other languages including Polish and Czech. Additionally the practice made special provision for asylum seekers having medicals on joining the practice.
- Patients with multiple long term conditions were seen in one extended appointment to prevent the need for multiple appointments. A member of administrative staff actively monitored recalls for these patients and contacted those who had not attended planned appointments.
- Joint clinics were held with a local diabetes specialist nurse to see patients with complex needs. This enabled these patients to access care closer to home and increased the skills of practice nurses in managing complex patients.
- Patients could access family planning services via a weekly drop-in family planning clinic. Long acting reversible contraception services were offered by appointment.
- A range of services were offered in the practice to reduce the need for patients to travel to access services. These included phlebotomy, ear irrigation and minor operations.

The practice was aware of the needs of patients in their population whose circumstances might make them vulnerable and had shaped services to meet the needs of these patients. The practice had worked with other organisations to promote the health and wellbeing of vulnerable patients. For example:

- The practice had a long history of working with homeless patients in the city. In addition to working with patients who were registered as homeless, they saw people of no fixed abode and hostel residents. The practice facilitated these patients to register with them or treated them as temporary residents. Outreach clinics were offered twice a week at local homeless centres with the homeless health team to improve access for this vulnerable group of patients. In addition, care had been provided in the community where homeless people did not wish to see clinicians in a formalised setting. We saw that the practice had effective links with organisations in this sector to promote liaison and education and the lead GP for this area attended multi-agency meetings to help homeless patients with complex needs. The practice worked closely with the homeless nursing team and had provided supervision

for one of their nurses to undertake their prescribing course. Since April 2015, 111 different patients had been seen in a hostel setting and over 349 consultations had been undertaken.

- A lead GP with a special interest ran weekly substance misuse clinics with a specialist substance misuse worker. Other GPs within the practice had undertaken training in substance misuse to enable them to provide cover when the lead GP was absent. Fifteen patients were seen in substance misuse clinics each Friday with up to five other patients attending outside of clinic times.
- Staff were aware of issues related to domestic violence and had been trained in identifying patients where there may be issues with domestic violence. They had a dedicated adult safeguarding lead as well as nominated IRIS (Identification and Referral to Improve Safety) champions who worked closely with the local IRIS team. Notifications from DART (Domestic Abuse, Recovering Together – a service for mothers and children aged seven to 14 who had experienced domestic abuse) were reviewed and action was taken as required. Since 2014, 58 adult patients within the practice had been coded as having a safeguarding concern and there had been 222 records of domestic violence in the same period.

The practice worked to offer services tailored to meet the needs of young people within the practice population. Specific leaflets for young people available in the reception area outlined the services provided by the practice for young people both within the practice and in the wider community. The practice sought to engage with young people. For example, they had worked with a local organisation Future Pulse (Young People Shaping Health) to review their service using the '15 Step Standard'. This involved a review of the service by young people in areas including being welcoming, safety, caring and involvement and being well organised and calm. The practice received positive feedback in all of these areas including people finding the environment calm and welcoming. The review highlighted some areas for improvement and the practice had used these to develop an action plan. For example, new posters had been put up in the reception area to clearly indicate opening times.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.30pm and from 2pm to 6pm. A duty doctor was available until 6.30pm. Extended hours appointments were offered every Saturday from 8.30am to 12.45pm.

The practice had introduced a new appointment system in October 2015 in response to patient feedback, people failing to attend appointments and long waiting times to access appointments. The new system meant all patients contacted the practice and were either offered an appointment or placed on a call back list. Call backs were dealt with in order of clinical priority. Issues were dealt with via the telephone or patients were offered appointments if required. The practice widely publicised the new appointment system within the practice, using posters and the practice newsletter and on the website. The practice told us that patients were becoming familiar with the new system and the number of missed appointment was reducing. For example, in February 2015, 178 patients failed to attend appointments with GPs; in February 2016, this had reduced to 116.

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

- 79% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and the national average of 75%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.
- 82% of patients described their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and this aligned with feedback in the comment cards.

Listening and learning from concerns and complaints

The practice had effective systems in place to handle concerns and complaints.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 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. Posters and leaflets were available in the waiting area which informed patients how to make a complaint.
- The practice encouraged feedback from patients about how its services were delivered. For example, following the implementation of the new appointment system, the practice asked patients to give their feedback via the website, suggestion box or face to face.

The practice had received nine complaints in 2015. We saw that the practice had responded to complaints promptly and provided complainants with explanations and apologies where appropriate. Learning was identified and patients were told about actions taken to improve the quality of care.

An annual review of complaints was undertaken to detect any themes or trends and to ensure any identified learning and had been embedded. The practice sought to involve the whole staff team in their review of complaints to ensure learning was widely disseminated. Annual review meetings were attended by all staff who divided into groups to consider the complaints received in the previous 12 months. Each group discussed the complaints received and worked to identify trends and agree learning points. The review of complaints undertaken in February 2016 identified the importance of clear communication with patients and ensuring that patients had understood the information given.

Themes and trends which arose from complaints and patient feedback were shared with the practice's Patient Participation Group (PPG) where appropriate.

Are services well-led?

Outstanding ☆

(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 the best possible outcomes for their patients. The practice empowered patients to be work with the practice to be partners in their care.

- The vision and mission for the practice was shared with patients in practice information leaflets and on the practice website.
- Staff knew and understood the values which focussed on providing the best possible patient care. Staff were engaged with the practice vision and were aware of the importance of their roles in delivering it.
- The practice held annual strategy sessions and developed business plans as a result of these which reflected the vision and values. The practice manager led on the monitoring of the business plans. The business plans identified objectives related to areas such as premises, staffing, finance and training and development.
- Objectives set by the practice were realistic whilst remaining challenging. For example, the practice ensured they were planning ahead for the future retirement of clinical and non-clinical staff. The practice also demonstrated plans to increase collaborative working with other practices in the area and with the CCG to ensure services were well planned. For example, the practice was part of a locality group which was working together on initiatives such as the Any Qualified Provider (AQP) scheme.

Governance arrangements

The practice had a robust 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. A number of clinical and non –clinical staff had lead roles in a range of areas and staff were aware of these.
- Practice specific policies were implemented and were available to all staff as hard copies or via the practice's computer system. Policies and procedures were relevant and regularly updated.
- A comprehensive understanding of the performance of the practice was maintained. The practice was well engaged with the local clinical commissioning group (CCG) and worked with them to drive improvements in performance. Additionally the practice worked with other practices in the local area to review where improvements could be made.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had undertaken over 30 clinical audits in the last two years. Topics of audits were relevant to the care being provided by the practice and were used to drive improvement for the practice patients and the wider population. For example, an audit had been undertaken in respect of cervical screening rates for homeless patients. As a result of the audit recommendations had been made to the CCG about improvements to services.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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. GPs had special interests and additional qualifications in a range of areas. For example, one GP had a special interest in substance misuse. The partners and the practice management told us they prioritised safe, high quality and compassionate care.

Staff across the practice were encouraged and motivated to work together to prioritise safe, high quality and compassionate care. The partners and management were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff we spoke with were proud of the services the practice offered and that

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:

- People affected were provided with support and explanations and offered verbal or written apologies.
- The practice kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Outstanding ☆

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

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

- Staff told us the practice held regular team meetings. Meetings were held for different staffing groups including clinical meetings and reception meetings. Additionally, practice staff met regularly as a whole team. For example, all staff attended the annual review meeting to discuss complaints received within the practice. This ensured that all staff were involved in identifying learning and facilitated improvement across all staffing groups.
- 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. The practice had held team away days and arranged and funded trips and meals out for staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff highlighted the team approach to working within the practice and a number of staff told us working there was like being part of a family. 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. Staff told us they would not hesitate to share ideas for improvements with the management or the GPs within the practice.
- The partners and practice management encouraged staff engagement and promoted an ethos of team working within the practice. In addition to formal meetings and weekly clinical meetings, the practice held daily meetings to discuss referrals or other matters arising. GP registrars had additional daily debrief sessions where their cases and referrals were discussed. The GPs made efforts to ensure they took breaks alongside the rest of the practice staff to promote a team culture within the practice.
- Staff told us they had a high level of satisfaction in their roles and enjoyed working in the practice. There was a low level of staff turnover within the practice with a number of staff having worked there for over 15 years. Additionally, the practice had recruited a number of previous registrars to become GP partners.

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 practice also received feedback via email from members of the PPG who could not attend the face to face meetings. The PPG told us they felt their feedback was welcomed and valued by the practice.
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in working with the practice to make improvements to the telephone and appointment system and in providing feedback to the practice on how the new system was working. In addition to valuing their feedback, the practice sought to involve the PPG in a wide range of areas. For example, a talk had recently been delivered to the PPG regarding the practice's role in research. This covered the importance of the research and the purpose and the PPG were invited to give feedback on the process of involving patients in research.
- Feedback from young people had been gathered through consultation with a local young people's organisation called Future Pulse. The practice aimed to ensure it was accessible and welcoming to young people and had produced an action plan in response to the recommendations made by Future Pulse.
- The practice had gathered feedback from staff through regular meetings, staff away days, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run; they felt they were kept informed about the plans for the future of the practice and that their opinions were invited.

Continuous improvement

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

Are services well-led?

Outstanding ☆

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

which offered first line physiotherapy. This pilot service aimed to reduce the amount of time that patients wait for help with musculoskeletal (MSK) conditions, problems that affect the muscles, bones, and joints. It also aimed to provide services close to patients' homes and to reduce the time that GPs spend assessing MSK-related conditions. Patients had the option of an initial assessment with a physiotherapist when they contacted their GP practice to book an appointment about a musculoskeletal problem.

The practice had a strong focus on education and research. As well as being an approved teaching and training practice for doctors and nurses, the practice had been involved in research projects since 1988. Originally an RCGP accredited research practice, at the time of the inspection the practice held the research ready accreditation. The practice had been involved in over 20 research studies during 2014 and 2015. A recent CCG initiative designed to support practices to develop their research capacity and capability introduced a new hub and spoke model for research delivery in the area. As part of this initiative the practice has been designated as a hub practice supported by a number of spoke practices in the area. Patients will be afforded the opportunity to participate in research studies locally rather than travelling to hospitals. The first research study being planned was related to asthma. Participation in research studies was promoted through the practice website, newsletter and through information in the waiting area.

In 2015 the practice was awarded joint hub status with another local practice to develop a Training Hub (previously known as Community Education Provider Network (CEPN)). Training Hubs are part of a Health Education England East Midlands project to improve recruitment and retention of GPs and the wider general practice team.