Forest Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forest Practice on 11 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice offered extra in-house services and home visits for people living in vulnerable circumstances. This included people requiring support with substance misuse, drug and alcohol addictions, refugees and people with learning disabilities. Patients benefited from receiving care and treatment that was closer or within their homes. This also reduced the burden on hospital services.
- Feedback from patients showed they were treated with dignity and respect, and they felt involved in decisions about their care and treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice responded to complaints that were raised and learning was shared with staff.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was reviewed and discussed with staff.

Summary of findings

- The practice had a leadership structure in place, with clear delegation of tasks and responsibilities for both clinical and non-clinical staff. Staff we spoke with felt valued and supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. However, the practice did not have a patient participation group in place despite several attempts to set up one.

We saw one area of outstanding practice:

The practice was proactive in identifying and providing services for people whose circumstances may make them vulnerable closer to home. For example:

- The practice delivered the second largest weekly substance misuse management clinic in Nottingham and this was accessible to registered and non-registered patients. Patients benefited from integrated care as this clinic was delivered with input from a specialist substance misuse worker. Practice staff had received extra training to ensure patients were able to receive more complex treatment at the practice.
- The practice provided primary medical services to patients enrolled in a rehabilitation programme to address their drug and alcohol addictions. In addition to removing barriers for these patients to access services at the practice, they undertook home visits. This service was provided at no extra funding and had improved outcomes for patients.

The areas where the provider should make improvement are:

- Continue to make attempts to set up a patient participation group within the practice.
- Ensure carers are proactively identified and offered services that improve their care.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- We found staff used every opportunity to learn from significant events and patient safety alerts, to support improvement.
- Learning was also shared with external providers to promote wider learning and share best practice. This included the clinical commissioning group and the crimes and drug prevention death review group.
- The safeguarding of vulnerable adults and children was a priority within the practice and suitable arrangements were in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. This included recruitment checks, medicines management, infection control and medical emergencies.
- Staffing arrangements had been reviewed and the practice was actively recruiting for a GP and a receptionist to ensure sufficient staffing levels were maintained.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes for long term conditions were at or above average compared to the local and national averages.
- However, clinical outcomes for people with mental health and dementia were better than the CCG and national averages.
- The practice proactively reached out to the community and worked with other multi-disciplinary professionals to improve the outcomes of people whose circumstances might make them vulnerable. For example, weekly substance misuse clinics were run from the practice along with a specialist substance misuse worker to ensure integrated care for patients. In addition, the practice had assessed the health needs of refugees that had settled within the area and made referrals to mental health services were appropriate.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out and these resulted in improved outcomes for patients.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed staff treating patients in a dignified and respectful way.
- The January 2016 national GP patient survey results showed patients rated the practice higher than others for several aspects of care. For example, 96% of patients said the last GP they saw or spoke to was good at listening to them compared to a local average of 87% and national average of 89%.
- Care planning arrangements were in place to ensure patients were involved in their care and treatment. This included people with learning disabilities and complex long term conditions.
- Information about health services and support organisations was accessible to patients and carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- An outstanding feature of the practice included the additional in-house services offered for people living in vulnerable circumstances. This included people requiring support with substance misuse, drug and alcohol addictions, refugees and people with learning disabilities. Patients benefited from receiving care and treatment closer or within their homes; which also reduced the burden on hospital 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. This was reflected in the

Summary of findings

national GP patient survey results. For example, 86% of patients described their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework and a number of policies in place which supported the delivery of good quality care.
- The practice proactively sought feedback from staff and patients which it acted on. However, the practice did not have an active patient participation group in place.
- There was a strong focus on continuous learning and improvement at all levels.

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 and personalised care to meet the needs of the older people in its population. For example, monthly multi-disciplinary meetings were held to review patients at risk of hospital admission and to plan and deliver care appropriate to their needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A total of 70% of people aged 65 and over had received the flu vaccination.
- Nationally reported data showed outcomes for patients for conditions commonly found in older people were mostly above the local and national averages; with the exception of osteoporosis.

People with long term conditions

Good

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

- All staff had individual responsibilities for monitoring patient outcomes and / or managing long-term conditions. For example, nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nationally reported data showed clinical indicators for long term conditions such as asthma, were all higher than the local and national averages with low exception reporting.
- Longer appointments and home visits were available when needed.
- The community diabetes nurse specialist facilitated a monthly clinic to review patients with diabetes.

Families, children and young people

Good

The practice is rated as good 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.
- 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.
- Children who required urgent care were given priority including same day GP appointments. Appointments were also available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Immunisation rates were high for all standard childhood immunisations and above the local average. For example, vaccination rates for children under two years old ranged from 95.1% to 100% compared to a CCG average ranging from 91.1% to 96.3%.

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.
- 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. However, the practice did not routinely offer NHS annual health checks.
- Patients had access to a text messaging service for confirming an appointment, informing of missed appointment and cancelling booked appointment.

People whose circumstances may make them vulnerable

Good

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

The practice was proactive in identifying and providing services for this population group and this was an outstanding feature. For example:

- The practice delivered the second largest substance misuse management clinic in Nottingham and 55 people (registered

and non-registered patients) accessed this service at the time of our inspection. Staff had received extra training to ensure patients were able to receive more complex treatment at the practice.

- The practice had 82 patients with a learning disability living in a care home and all these patients had received an annual health check and a care plan was in place. The practice had a designated GP lead who undertook the reviews every third Thursday of the month or when needed. The practice also had 30 patients with learning disabilities living in the community.
- The practice provided primary medical services to 19 patients enrolled in a rehabilitation programme to address their drug and alcohol addictions. This service was provided at no extra funding and had improved outcomes for patients.
- The practice offered longer appointments and regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

People experiencing poor mental health (including people with dementia)

Good

Data reviewed showed outcomes for people with mental health and dementia were above CCG and national averages. For example:

- Performance for mental health related indicators was 100% which was above the CCG average of 87% and national average of 92.8%. In addition, 95.1% of patients with a mental health condition had a documented care plan in the last 12 months which was above the CCG average of 84% and the national average of 88.3%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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 January 2016 national GP patient survey results showed the practice was performing above or in line with local and national averages. A total of 393 survey forms were distributed and 95 were returned. This represented a 24% completion rate and 1.76% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and 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 national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the quality of care and treatment received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also felt involved in decision making about their care and supported by the staff.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Continue to make attempts to set up a patient participation group within the practice.
- Ensure carers are proactively identified and offered services that improve their care.

Outstanding practice

We saw one area of outstanding practice:

The practice was proactive in identifying and providing services for people whose circumstances may make them vulnerable closer to home. For example:

- The practice delivered the second largest weekly substance misuse management clinic in Nottingham and this was accessible to registered and non-registered patients. Patients benefited from integrated care as this clinic was delivered with input from a specialist substance misuse worker. Practice staff had received extra training to ensure patients were able to receive more complex treatment at the practice.
- The practice provided primary medical services to patients enrolled in a rehabilitation programme to address their drug and alcohol addictions. In addition to removing barriers for these patients to access services at the practice, they undertook home visits. This service was provided at no extra funding and had improved outcomes for patients.

Forest Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Forest Practice

Forest Practice provides general practice services to approximately 5400 patients through a primary medical services contract (PMS). The practice is located in purpose built premises (The Mary Potter Centre) in Hyson Green, near to Nottingham city centre.

The Mary Potter Centre offers access to council and housing services, three GP practices (including Forest Practice) and community teams including health visitors and district nurses.

The key demographics of Forest Practice includes the following:

- The level of deprivation within the practice population is rated one out of 10. This means a higher proportion of people living within the area are more deprived compared to the England average. People living in more deprived areas tend to have greater need for health services.
- The practice experiences a high annual turnover of patients and serves a multi-cultural population. About 65% of the practice population are white British and 35% are from black and minority ethnic groups.
- The practice provides a local enhanced service for people with learning disabilities and living in a care home. At the time of our inspection 82 patients were registered (1.5% of the practice population) with the practice.
- The practice delivers the second largest substance misuse management clinic in Nottingham.

The clinical team comprises of:

- Three female GP partners and a male salaried GP
- One locum GP (male) providing two sessions a week on Mondays and
- Two nurse prescribers.

The clinical team is supported by a full time practice manager, a senior administrator, a senior receptionist and five members of staff undertaking reception and secretarial roles.

The practice is an approved teaching and training practice for medical students, and foundation year two (F2) doctors. The Foundation Programme is a two-year generic training programme which forms the bridge between medical school and specialist/general practice training.

The practice opens from 8am to 6.30pm Monday to Friday except on Thursdays when it closes at 12.30pm. Consulting times are from: 8am to 11am; 1.30pm to 4pm and 5pm to 6.15pm. Times may vary on some occasions depending on the duty doctor.

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.

Forest Practice was previously inspected on 20 February 2014 under the former inspection methodology for GP practices. We found the practice met all standards

inspected and this included: care and welfare of people who use services; management of medicines; supporting workers and assessing and monitoring the quality of service provision.

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

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).

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 April 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 eight patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had procedures in place for managing and learning from significant events and incidents.

- Staff told us they felt confident in reporting any incidents to their manager and a recording form was available on the practice's computer system. The form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- A total of nine significant events had been recorded over the last 12 months. Records reviewed showed the practice had carried out an analysis of the significant events and findings were discussed at monthly staff meetings.
- We saw evidence of lessons shared and action taken to improve safety in the practice. For example, one significant event related to a missed diagnosis of an ectopic pregnancy despite the clinician having followed the local gynaecology guidelines. As a result of this significant event, the practice now uses a much lower threshold for assessing patients at risk. The clinical commissioning group (CCG) were informed of this incident to facilitate wider learning and for the guidelines to be reviewed as a result of this.
- Significant events were reviewed every three months to detect any themes or trends and to ensure any identified learning and had been embedded.

Safety alerts and alerts from the medicines and healthcare products regulatory agency (MHRA) were disseminated to clinical staff by the practice manager. Records reviewed showed these alerts were discussed in staff meetings and appropriate follow-up action was taken to ensure patient safety. This included identifying any affected patients, undertaking a review of their medicines and health needs, and completing clinical audits.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example,

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and these clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults that was relevant to their role. One of the GP partners was the lead member of staff for safeguarding. Regular safeguarding meetings were held with the health visitor and midwife to ensure patients were safeguarded.
- Records reviewed showed staff had also discussed the mandatory reporting duty for female genital mutilation (circumcision) which was introduced via the Serious Crime Act 2015. The duty requires all regulated health and social care professionals (GPs and nurses for example) in England to report known cases in under 18-year-olds to the police.
- Patients were offered chaperones if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Patients told us that they were happy with the standards of hygiene and cleanliness at the practice. We observed that all areas of the practice were visibly clean and hygienic. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The most recent infection control audit was undertaken in 2014 and a re-audit had been done as part of an action plan in June 2015. Improvements had been made to address identified issues relating to policies and vaccine management for example; and the overall compliance rate had improved from 84% to 99%.
- 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. Robust systems were also in place for monitoring high risk medicines and where appropriate blood monitoring was done. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to 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

Forest practice is located in "The Mary Potter Centre" and the premises are managed by an independent provider. The practice was part of the building management group which met every three months to review the arrangements in place for monitoring and managing risks to patients and staff safety.

We reviewed records held by the provider and the practice, and found risks to patients were assessed and well managed. A range of risk assessments and management plans were in place to monitor the safety of the premises and environment. These included health and safety, gas safety, control of substances hazardous to health, security, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

We saw that regular service checks had been completed and this included:

- Fire alarm maintenance, firefighting equipment and emergency lighting.
- Portable appliance testing had been carried out to ensure the safety of all electrical equipment and
- Clinical equipment such as blood pressure monitors and thermometers had been calibrated to ensure they were in working condition.

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. The practice was in the process of recruiting a receptionist and a full-time GP. The GP partners explained the challenges in recruiting a GP to an inner city practice and the measures being taken to mitigate this. This included facilitating discussions about joint working with two other GP practices co-located in the centre, to ensure sufficient GP cover. Regular locum GPs were used to provide maternity cover.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and felt confident they could respond to a medical emergency.
- The practice had a defibrillator available on the premises, and oxygen with adult and children's masks. A first aid kit and accident book was also 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.
- Staff could use the instant messaging system on the computers to alert their colleagues to any emergency.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed people's needs and delivered care in line with relevant and current evidence based guidance and standards. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and local prescribing guidelines.

- Staff had access to NICE guidelines and used this information to deliver care and treatment that met patients' needs. All new guidance was received by the practice manager and disseminated to all clinical staff and discussed at monthly clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- For example, the care and treatment for asthma was discussed at a practice nurse meeting; and this included the review of related NICE and local guidelines. Thereafter, a foundation year two doctor (F2 doctor) also completed a clinical audit to review how well patients with asthma were being managed. F2 doctors remain under clinical supervision but take on increasing responsibility for patient care as part of their progress towards independent practice.
- The GPs used computer generated templates and risk stratifying tools informed by best practice guidance to assess and review long term conditions for example. These templates prompted clinicians to undertake a holistic assessment of a patient's needs and informed the delivery of appropriate care and treatment.

The practice was committed to working with people whose circumstances might make them vulnerable. For example:

- Weekly substance misuse clinics were run from the practice. Records reviewed showed the physical and mental health needs of these patients were assessed to ensure the delivery of holistic care. For example, a clinical audit identified 35% of registered patients seen in the four weeks from 17 February 2015, had received opportunistic support and / or medical interventions. This included signposting for bereavement counselling, driving guidelines and referrals to hospital for an ultrasound scan.
- About 40 Syrian refugees had been accommodated in Nottingham over the Christmas period. The practice had undertaken an intensive piece of work to assess the health needs of 10 out of the 40 refugees with the input of an interpreter. Follow-up work included signposting some of the patients to specialist services to ensure their mental health needs were also addressed. The practice had responded to the specific needs of these patients by offering support during their transition to England.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were for 2014/15 and the practice had achieved 95.4% of the total number of points available. This was above the clinical commissioning group (CCG) average of 91.4% and in line with the national average of 94.7%. Practice supplied data for 2015/16 showed the practice had achieved 95.67%. This data was yet to be verified and published.

The practice had an exception reporting rate of 6.9% and this was below the CCG average of 8.9% and the national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The QOF data for 2014/15 showed:

- Performance for diabetes related indicators was 78.1% which was below the CCG average of 79.1% and the national average of 89.2%. Exception reporting for diabetes related indicators was 7% compared to the CCG average of 9.8% and national average of 10.8%.
- The percentage of patients with hypertension having regular blood pressure tests was 84.6% which was similar to the CCG average of 82.6% and the national average of 83.6%.
- Performance for mental health related indicators was 100% which was above the CCG average of 87% and national average of 92.8%. Exception reporting for mental health related indicators was 4.5% which was below the CCG average of 10.5% and the national average of 11.1%.

Good

Are services effective?

(for example, treatment is effective)

- 95.1% of patients with a mental health condition had a documented care plan in the last 12 months which was above the CCG average of 84% and the national average of 88.3%.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months and this was above the CCG average of 83.9% and the national average of 84%.

The practice had appointed named receptionists and GP leads for each QOF area to ensure the practice had a robust system in place for monitoring patients' outcomes. Staff told us they were well supported in their lead roles and described a culture of information sharing, transparency and continual learning.

There was evidence of quality improvement including clinical audit.

- The practice had a clinical audit programme in place covering a range of clinical areas. This included prescribing of specific medicines and treatment for specific long term conditions.
- We were provided with five clinical audits completed in the last four years and two of these were completed audits where the improvements made were implemented and monitored
- Findings were used by the practice to improve services. For example, a recent full cycle clinical audit was completed on methotrexate (a high risk drug) to ensure the practice was following the prescribing guidelines. The initial audit identified some improvement areas which included linking all methotrexate repeat prescriptions to a patient's medical diagnosis and the need to review some patients' prescriptions. The second audit showed 12 out of 13 patient records had a linked diagnosis and all patients were on monthly prescription subject to review. One patient record was amended as a result of this clinical audit.
- The practice participated in peer review and national benchmarking. For example the GPs met twice weekly to discuss the care of patients who had complex needs or were being considered for referral to hospital to ensure their needs were being met in the best way.
- The benchmarking data for the period February 2015 to January 2016 showed the practice was in line or slightly below the CCG average for most aspects related to use of secondary care services. For example, the practice was rated 32 out of 57 for the total number of accident and emergency attendances including out of hours within the CCG.

Effective staffing

- There was a structured system in place to ensure staff had the skills, knowledge and experience to deliver effective care and treatment. This included an induction programme for all newly appointed staff, staff training and appraisals.
- The practice had a lead GP for all staff training including medical students and F2 doctors. Monthly meetings were held as part of ongoing support to ensure staff felt confident in carrying out their roles and to review practice development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included protected learning time and access to e-learning.
- Staff received mandatory and refresher training that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice ensured relevant staff received role-specific training and updates. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Clinical staff had access to mentoring and support for revalidation.

Coordinating patient care and information sharing

The practice worked with other service providers to plan the ongoing care and treatment for patients with complex health and social care needs. For example, patients at high risk of hospital admission were identified as a priority. The reason for each unplanned admission was regularly reviewed and followed up by a phone or face to face consultation. Care plans were put in place to improve the quality and co-ordination of patient's care; and these were also shared with the out of hours service. Records reviewed

Good

Are services effective?

(for example, treatment is effective)

showed multi-disciplinary meetings took place with other health care professionals on a monthly basis and this included the community matron, care coordinators and district nurses.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records, investigation and test results.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The practice maintained a list of patients living in care homes and subject to a deprivation of liberty order (DOLs) to ensure their best interests were maintained and central to planning and providing their care. GPs were confident with how and when these safeguards applied.
- Staff were aware of the duty to consider Gillick competence when providing care and treatment for children and young people. Gillick competence helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.
- The process for seeking consent was monitored through patient record audits.

Health promotion

The practice identified patients who may be in need of extra support and supported them to live healthier lives. For example:

- Patients requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- Practice supplied data showed 65% of eligible people under 65 years had received a flu vaccination in 2015/16 and 70% of people aged 65 and over had received the flu vaccination.

The 2014/5 Public Health England data showed the practice's cancer screening was in line CCG and national averages. For example:

- 70.5% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 70.4% and national average of 72.2%.
- 73.9% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 74.6% and national average of 74.3%.

The practice had a lower screening rate for bowel cancer and staff recognised that a more proactive approach to increase uptake was required.

- 43.9% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 53.8% and national average of 58.3%.

Staff had discussed ways of improving the bowel screening uptake with other GP practices and changes made included having a named receptionist to contact and follow-up on patients and signposting patients to videos developed by the CCG.

Childhood immunisation rates for the vaccinations given were mostly above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.3% to 100% and five year olds from 87.2% to 100%.

However, health checks for new patients and NHS health checks for patients aged 40–74 were not routinely offered. Staff explained that patients would often not attend for new patient health check appointments and often present with health needs requiring a GP. Staff felt it was more effective to address the patients' health needs as they presented and offer opportunistic health checks where appropriate.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were satisfied with the care they had received and felt the practice offered a good service. Staff were described as being friendly, helpful and caring. This was also aligned with the feedback received from all patients we spoke with on the inspection day.

The January 2016 national GP patient survey results showed patients felt they were treated with compassion, dignity and respect. The practice was generally above the local and national averages for its satisfaction scores on consultations with GPs. For example:

- 96% 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%.
- 95% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 93% 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%.

Comparable rates were achieved for consultations with nurses and interactions with reception staff. For example:

- 93% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 93% and national averages of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG national averages of 97%.
- 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%.

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

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

Care planning and involvement in decisions about care and treatment

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually or more frequently if required, and had a section stating the patient's preferences for treatment and decisions was noted. Care home managers were complimentary of the empathy and continuity of care offered by the practice. They stated that the GPs always took time to speak to the residents, their families and care home staff to ensure personalised care was offered.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Feedback received from comment cards was also positive and aligned with these views.

The 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. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 89% 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 national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Good

Are services caring?

- 91% 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% national average of 85%

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

- Translation services were available for patients who did not have English as a first language. Staff told us over 40% of the patient population required an interpreter and we saw that longer appointments were offered.
- Some of the GP partners spoke other languages such as Punjabi, Hindi and Urdu.

Patient and carer support to cope emotionally with care and treatment

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. This was in line with the GP national patient survey results:

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.

Patient information leaflets and notices about how to access a number of support groups and organisations was displayed in the waiting area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers and this represented 0.87% of the practice list. Carers were offered flu vaccinations and their health needs were reviewed. Written information was available to direct carers to the various avenues of support available to them, including the Carers Federation.

Staff told us that if families had suffered bereavement, the on call or usual GP contacted them. This call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

An outstanding feature of the practice included the services offered for people living in vulnerable circumstances, and this included people requiring support with substance misuse, refugees and people with learning disabilities. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. For example:

- The practice delivered the second largest substance misuse management clinic in Nottingham and 55 people (registered and non-registered patients) accessed this service at the time of our inspection. A lead GP with a special interest ran twice weekly substance misuse clinics with a specialist substance misuse worker on Tuesday and Thursday. Two other GPs within the practice had undertaken training in substance misuse to enable them to provide cover when the lead GP was absent. The patient's health needs were monitored at least monthly with some patients receiving weekly monitoring if requiring additional input. The provision of this clinic offered an extra service which provided care closer to patient's homes and reduced burden on hospital services.
- The practice supported 19 patients living in residential accommodation and engaged in a rehabilitation programme to address their drug and or alcohol addictions. We were given examples of how practice staff had been flexible in accommodating the complex health and social care needs of these patients. The practice engaged with the patients and their co-workers to help them develop a healthier life style both physically and mentally. This service was provided by the practice with no extra funding from the clinical commissioning group (CCG).
- The practice delivered a local enhanced service to four nursing homes for 82 people with learning disabilities; and also supported 30 patients with learning disabilities living in the community. The 2015/16 data showed all these patients had received their annual health checks. Monthly visits were performed by the same GP to allow continuity of care and build a relationship of trust with the patients and support workers. Feedback received from three care home providers confirmed the practice offered excellent access and staff were proactive in the care of the patients.
- Age UK Nottingham had sought feedback from the four care homes supported by the practice in 2012/13 and 2014/15. The feedback received from the managers was positive in respect of the mental health support offered to patients and referrals being made quickly and appropriately. An overall rating of 4.75 out of five was achieved from the feedback receivedfrom all four nursing homes

The practice also had a strong approach to safeguarding the interests of vulnerable adults and children given the demographics of the area and practice population (a high rate of deprivation multi-cultural and very transient population).

The practice staff had a proactive approach to understanding the different needs of the practice population and worked with other providers to deliver care in a way that met these needs and promoted equality. For example,

- The practice offered a range of clinics for chronic disease management and this included a diabetes specialist nurse led clinic every two to four weeks.
- One of the GP partners had received training in dermoscopy and was able to assess suspected skin cancer lesions within the practice. Where appropriate, images of the lesions where referred to a hospital dermatology consultant for review. This helped to reduce the requirement for patients to travel to hospital and enabled access to specialist treatment if needed. Dermoscopy is a non-invasive, widely used diagnostic tool that aids the diagnosis of skin lesions and is proven to increase the accuracy of cancer diagnosis.
- A range of family planning services were offered including insertion and removal of contraceptive coils and implants.
- The practice provided neonatal checks, six week post-natal checks for new mothers and eight week baby checks.
- Reasonable adjustments were made to remove barriers when patients found it hard to use or access services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

For example there were disabled facilities and over 40% of the practice population accessed translation / interpreter services with a minimum appointment time offered for 20 minutes.

- The practice's web-site had an automatic translation facility which meant that patients who had difficulty understanding or speaking English could gain 'one-click' access to information about the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday; excluding Thursdays when the practice was open between 8am and 12.30pm. Appointments were from 8.30am to 11.30am every morning; and from 1.30pm to 4pm and 5pm to 6.15pm. Afternoon and evening times also varied depending on the doctor on duty.

- The practice offered a daily GP triage service and a duty doctor was available until 6.30pm. This ensured patients with urgent needs were offered advice and / or a suitable appointment.
- A walk in emergency clinic was held on Monday, Tuesday, Wednesday and Friday and patients who had not been able to book an appointment could be seen by the nurse for minor ailments.
- The practice offered online services to book GP appointments and request repeat prescriptions. Patients could also sign up to the electronic prescribing service which enabled prescriptions to be sent directly to their preferred pharmacy.
- A text messaging service was used to remind patients about their appointment and patients could also cancel their appointment by text. This helped to minimise the rate of non-attendance for appointments.

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

- 91% of patients said the last appointment they got was convenient compared to the CCG and national averages of 92%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 86% of patients described their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. We found no information about complaints was available in the waiting area to help patients understand the complaints system. This was highlighted to the practice management and posters were later on displayed.

Records reviewed showed seven complaints had been received within the last 12 months.We looked at four complaints in detail and found they had been handled in line with the practice policy and demonstrated openness and transparency. For example, patients were given an explanation and actions taken to improve the quality of care; and where appropriate an apology was given.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The stated aim was to "provide a friendly caring service for all your healthcare needs".
- The practice had a supporting business plan which reflected the vision and values. For example, the business plan for 2015 to 2017 outlined the future development areas for the practice and these included delivery of patient services, staff development and finances.
- The GPs were also aware of challenges to the service and were working to address them. The challenges included recruitment of GPs and an increased patient list size. The latter had been exacerbated due to two co-located GP practices having closed patient lists. This had been raised with the clinical commissioning group.

Governance arrangements

The practice had a clinical governance policy in place and an overarching governance framework which supported the delivery of 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.
- Practice specific policies were available to all staff and implemented. One of the staff members had developed an "index book" to ensure staff could easily locate key information and policies that were relevant to their roles.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and management team demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to them and a culture of openness and honesty was promoted within the practice.

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

- Records reviewed showed the practice held regular team meetings and staff told us they had the opportunity to raise any issues at these meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported particularly by the GP partners and practice manager.
- All staff felt 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.

The practice had systems in place to ensure that patients and relevant agencies were informed when things went wrong with care and treatment.

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

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

- The practice had gathered patient feedback from comments made as part of the NHS friends and family test, the practice survey and complaints received.
- The practice did not have a patient participation group (PPG) in place. A PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. Staff told us they had received very limited expression of interest within the past eight years; although they had actively promoted setting up a PPG including displaying notices within the waiting area. The practice had engaged and sought advice from the national association for patient participation (the national voice for patient participation in primary care) to try and help them set up a PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions.

Are services well-led?

Good

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

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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example:

- The practice was an accredited training and teaching practice. The practice took first and second year medical students, as well as F2 doctors as part of their training.
- The practice had applied to become a GP registrar training practice.
- The practice manager attended a range of meetings where service development was prioritised. This included the Robin Hood cluster innovations board meeting and the Nottingham City CCG practice managers' group.
- The practice was in discussion with neighbouring practices regarding forming a federation and was a member of the Nottingham General Practice Alliance on 1 April 2016. This is a group of Nottingham City practices that have joined together to support each other and work together without losing their independent status.
- The practice also shared learning from significant events with other GP practices and providers in the area. This included forums such as the practice manager's group, crimes and drug prevention death review group and locality GP with a Special Interest (GPwSI) meeting. For example, the practice had alerted the CCG of a small number of patients buying and taking clozapine tablets diverted from other patient(s). Clozapine is an antipsychotic medicine commonly used to treat schizophrenia. This alert was then shared with other practices within the area to minimise any further risks. example, are they well-managed and do senior leaders listen, lea