

Dr Claire-Louise Hatton

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Claire-Louise Hatton on 2 August 2016. Overall the practice is rated as good.

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

- The practice demonstrated an open and transparent approach to safety. There were systems in place to enable staff to report and record significant events. Learning from significant events was shared with relevant staff and stakeholders.
- Risks to patients were assessed and managed. A wide range of risk assessments were in place and were regularly reviewed and monitored.

- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training had been provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- Clinical audits were undertaken and showed improvements in the quality of care provided to patients.
- Feedback from patients was that they were treated with kindness, dignity and respect and were involved in decisions about their care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice proactively sought feedback from patients and staff through surveys.
- Patients said they could access appointments when they needed them with appointments available to book up to five weeks in advances and urgent appointments available on the day.

Summary of findings

- There was a clear leadership structure which all staff were aware of. Staff told us they felt supported by the senior staff within the practice.
- There was a clear vision and mission which was shared with patients on the website and throughout the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The provider had an agreement in place with CityCare to enable the practice to provide more flexible care for their patients. As part of the agreement the lead GP worked for one day per week at the Urgent Care Centre in Nottingham supporting and mentoring clinical staff to obtain their prescribing qualifications. In return the practice was supported by three advanced nurses (who were employed by CityCare) who worked at the practice three days per week. This led to an increase in clinical capacity within the practice. This had also contributed to a reduction in the emergency admissions to hospital and a reduction in the rate of patients not attending for appointments.

The areas where the provider must make improvements are:

Implement effective arrangements to ensure the proper and safe management of medicines within the practice including:

- Arrangements to identify and dispose of expired medicines
- The safe storage of controlled drugs in line with legislation
- General security of the dispensary including secure windows and limiting the personnel who could access the dispensary

The areas where the provider should make improvement are:

- Ensure there are systems in place manage the security of blank prescriptions in line with guidance
- Ensure the storage of medicines in the dispensary below 25 degree centigrade

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- The practice had systems in place to enable staff to report and record significant events. Staff understood the systems and were encouraged to report events and incidents.
- Learning from significant events was identified and shared to improve safety.
- When things went wrong patients received support, information and apologies. They were told about actions to improve processes to prevent the same thing happening again.
- Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. For example, there were processes in place to ensure safeguarding issues were managed within the practice.
- Risks to patients were assessed and managed across the practice. A wide range of risks had been identified and assessed and were monitored on an ongoing basis.
- Medicines were not being managed properly and safely within the dispensary. We identified issues with regards to the safe storage of medicines within the practice, including the storage of controlled drugs, access to medicines within the practice and the disposal of expired medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were undertaken within the practice and demonstrated improvement in the quality of clinical care.
- Data showed that the practice was performing well when compared to other practices
- The practice had an overall exception reporting rate within QOF of 10.3% which was in line with the CCG average of 9.1% and the national average of 9.2%.
- Screening rates for cervical cancer, breast cancer and bowel cancer were above local and national averages. For example, t

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. In addition regular multi-disciplinary meetings, the practice held regular clinical meetings.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- Feedback from completed comment cards was entirely positive about the standard of care and treatment provided by the practice.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified over 2% of their patient population as carers and provided them with support and services such as flu vaccinations. The practice had a dedicated carers champion who liaised with local carers organisations to ensure support was offered to carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of the local population and delivered services to meet their needs. For example, the practice had plans in place to significantly upgrade their premises to ensure these were fit for purpose and met the needs of their patients.
- A range of services were offered by the practice to avoid patients having to travel including minor surgery.
- Regular visits were carried out to local care homes to ensure all patients were reviewed on a regular basis.
- Patients were able make urgent appointments when required and routine appointments were available to book up to five weeks in advance.
- The practice regularly reviewed their access to appointments and had changed their appointment system to cope with periods of high demand.

Summary of findings

- 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?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice's vision was supported by a mission statement.
- Business plans and supporting action plans were in place and these were regularly monitored and reviewed.
- There was a clear leadership structure within the practice.
- Policies and procedures were in place to govern activity and the practice held regular meetings to review governance issues.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- A culture of openness and honesty was encouraged within the practice. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and development with staff being encouraged to undertake training and develop their roles.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Personalised care was offered by the practice to meet the needs of its older population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments were also provided for older people on request.
- The GP and the healthcare assistant visited patients jointly in care homes to ensure patients received medication reviews and to enable them to receive their fly vaccination.
- Patients over 75 had been notified of their named GP.
- Care was provided to three local care homes with regular routine visits, annual reviews and urgent visits where required.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 79.3% which was 8% below the CCG average and 9.9% below the national average. The exception reporting rate for diabetes indicators was 9% which was in line with the CCG average of 10.7% and the national average of 10.8%.
- Performance for indicators related to hypertension was 100% which was 1.1% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 9% which was above the CCG average of 4.1% and the national average of 3.8%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were invited for 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.

Summary of findings

Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead and staff were aware of who this was. The safeguarding lead met regularly with the health visitor and other community based staff to discuss children at risk.
- Vaccination rates for childhood immunisations were in line with local averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 94% to 100%.
- Maternity services and baby checks were provided at the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice offered services which were accessible and flexible. For example the practice provided telephone triage and telephone consultations to enable patients who could not get appointments to speak with a GP via telephone.
- The practice was proactive in offering online services including appointment booking and online prescription services.
- A range of health promotion and screening services were offered and promoted that reflected the needs of this age group. Uptake rates for cervical cancer screening, bowel cancer screening and breast cancer screening were above local and national averages.
- A range of services were offered at the practice to facilitate patient access including minor surgery and contraceptive services.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were offered for patients with a learning disability.
- The practice 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)

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

- Performance for mental health related indicators was 100% which was 6.2% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 0% which was below the CCG average of 14.8% and the national average of 11.1%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 216 survey forms were distributed and 107 were returned. This represented a 50% response rate and 4.7% of the practice's patient list.

Results showed:

- 68% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 68% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 88% 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%.

- 78% 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 78% 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 26 completed comment cards which were all positive about the standard of care received. Patients highlighted the helpful and caring nature of all staff working within the practice. Patients said they received an excellent service and always found the practice clean and tidy.

We spoke with a member of the patient participation group (PPG) during the inspection who was positive about the level of care provided by the practice.

Areas for improvement

Action the service **MUST** take to improve

Implement effective arrangements to ensure the proper and safe management of medicines within the practice including:

- Arrangements to identify and dispose of expired medicines
- The safe storage of controlled drugs in line with legislation

- General security of the dispensary including secure windows and limiting the personnel who could access the dispensary

Action the service **SHOULD** take to improve

- Ensure there are systems in place manage the security of blank prescriptions in line with guidance
- Ensure the storage of medicines in the dispensary below 25 degree centigrade

Outstanding practice

- The provider had an agreement in place with CityCare to enable the practice to provide more flexible care for their patients. As part of the agreement the lead GP worked for one day per week at the Urgent Care Centre in Nottingham supporting and mentoring clinical staff to obtain their prescribing qualifications. In return the practice was supported by three advanced nurses

(who were employed by CityCare) who worked at the practice three days per week. This led to an increase in clinical capacity within the practice. This had also contributed to a reduction in the emergency admissions to hospital and a reduction in the rate of patients not attending for appointments.

Dr Claire-Louise Hatton

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Claire-Louise Hatton

Dr Claire-Louise Hatton (also known as the Jubilee Practice) provides primary medical services to approximately 2300 patients through a general medical services contract (GMS).

The practice is located in purpose built premises in the village of Lowdham on the outskirts of Nottingham. A GP surgery has operated from the locality since the 1940s. The practice is co-located with another GP practice. A dispensary service is provided from the practice for some of its patients.

The level of deprivation within the practice population is significantly below the national average with the practice population falling into the least deprived decile. Income deprivation affecting children and older people is significantly below the national average. The practice serves above average levels of older patients.

The clinical team comprises one GP partner, one salaried GP, one long-term locum GP (all female), a practice nurse and a healthcare assistant. The practice is a teaching practice for medical students accommodating first, second, fourth and final year student placements. Clinical services are also provided for patients by three advanced nurses employed by CityCare.

Support for the clinical team is provided by a full time practice manager and a team of reception and administrative staff. The practice also employs a lead dispenser and a dispenser.

The practice opens from 8.30am to 6.30pm on Monday, Tuesday, Wednesday and Friday. The practice opens from 8.30am to 12.30pm on Thursdays. Consulting times are offered as follows:

- Monday - 9am to 11.10am and 3pm to 5.50pm
- Tuesday - 8.50am to 10.50am and 4pm to 5.50pm
- Wednesday - 9am to 10.50am and 4pm to 5.50pm
- Thursday - 9am to 11am
- Friday - 9am to 11am and 3pm to 5.10pm

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 August 2016.

During our visit we:

- Spoke with a range of staff including the GP, the practice nurse, the practice manager and administrative staff.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Systems were in place to enable staff to report and record significant events.

- The practice had a policy in place to support staff in responding to significant events. Staff were aware of the policy and knew where to access it. Significant events were reported to the practice manager in the first instance
- Forms to support staff to record significant events were available via the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant events were discussed and reviewed regularly within the practice.
- Where patients were affected by an incident or event, they were contacted by the practice and offered support, explanations and apologies. Patients were told about any action taken by the practice to improve systems and processes to prevent the same thing happening again.

We reviewed safety records, incident reports 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 and externally. For example, the practice had a reported a recent significant event externally to ensure partner organisations identified learning as well. This event concerned the delay in waiting for an ambulance to attend to a patient who was unwell at the practice.

There were effective systems in place to ensure that information received into the practice about safety was acted upon. This included alerts regarding the safety of patients and alerts from the Medicines Healthcare and Products Regulatory Agency (MHRA). Alerts were received by the practice manager and disseminated as required. The practice manager maintained a spreadsheet of all alerts received which documented the alert, the date it was received and any action taken by the practice.

Overview of safety systems and processes

Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Appropriate policies were in place and were easily accessible to all staff. Policies detailed who staff should contact within the practice if they were concerned about the welfare of a patient. The senior GP was the lead for child and adult safeguarding. Children at risk were discussed at regular meetings with community based staff including health visitors. GPs 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 the appropriate level (level 3).
- Information was displayed in the waiting area and in consultation rooms to make patients aware that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection we observed the premises to be clean and tidy and saw that arrangements were in place to maintain appropriate standards of cleanliness and hygiene. The lead GP was the infection control lead within the practice and was supported in this role by the practice manager. Annual infection control audits were undertaken and evidence showed that action was taken to ensure improvements were made where required. The practice had identified some areas for improvement including improving flooring to replace areas which were carpeted. The practice had added this to their building upgrade plans which were ongoing. In addition the practice had documented an assessment of this risk and reviewed this on an ongoing basis.
- We reviewed four employee files and found appropriate recruitment checks had been undertaken prior to employment. For example, the practice had obtained

Are services safe?

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

Medicines management

- Most 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 to handle repeat prescriptions which included the review of high risk medicines. All repeat prescriptions and prescriptions for controlled drugs (medicines that require extra checks and special storage because of their potential misuse) were always signed by a GP before being dispensed and given to patients.
- 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.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Dispensary services were provided to around 800 patients registered with the practice. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

There were areas where the practice needed to ensure improvements were made:

- We noted expired drugs in the refrigerator in the dispensary. These were disposed of during the inspection.
- Controlled drugs held within the practice were not stored in line with legislation.
- Blank prescription forms and pads were securely stored. However, systems were not in place to track blank prescriptions through the practice as serial numbers were not recorded and unused forms were not removed from printers overnight.
- The ambient room temperature in the dispensary was not always maintained below the recommended upper limit of 25 degrees centigrade.
- Security of the dispensary needed to be improved including the restriction of access to authorised personnel and securing outside windows. The practice had identified these as risks and risk assessments were in place.
- Access to keys to all areas containing medicines (including the controlled drugs cupboard) were not restricted to authorised personnel.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place to monitor and manage risk to the safety of staff and patients. There was health and safety policy in place which was updated annually and a poster in the reception office 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 waste management, health and safety, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Risk assessments within the practice were clearly documented and reviewed and updated on an ongoing basis.
- Arrangements were in place to plan and monitor 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 ensured that numbers of staff taking leave at any one time was restricted to ensure

Are services safe?

there was adequate cover to meet the needs of patients. Administrative staff were trained across a number of roles to ensure they could provide cover for each other in the event of sickness or annual leave. The practice had recently recruited a new member of staff to work in the dispensary to ensure there was adequate cover. The practice manager was also trained to work in the dispensary.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically.
- Regular meetings were held within the practice which enabled staff to discuss changes or updates to relevant guidelines.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that guidelines were followed through risk assessments, audits and checks of patient records. Topics for clinical audit were linked to NICE guidelines.

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 94% of the total number of points available which was in line with the clinical commissioning group (CCG) average of 95.1% and the national average of 94.7%.

The practice had an overall exception reporting rate within QOF of 10.3% which was in line with the CCG average of 9.1% 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 79.3% which was 8% below the CCG average and 9.9% below

the national average. The exception reporting rate for diabetes indicators was 9% which was in line with the CCG average of 10.7% and the national average of 10.8%.

- Performance for indicators related to hypertension was 100% which was 1.1% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 9% which was above the CCG average of 4.1% and the national average of 3.8%.
- Performance for mental health related indicators was 100% which was 6.2% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 0% which was below the CCG average of 14.8% and the national average of 11.1%.
- 72.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 15.6% below the CCG average and 12% below the national average. This exception reporting rate for this indicator was 8.7% which was similar to the CCG average of 9% and the national average of 8.3%.

The practice was aware of their performance and reviewed this on an ongoing basis to identify any areas for improvement. For example, rather than recalling patients for dementia reviews by letter, the practice had moved to a system whereby patients or their carers were telephoned and an appointment arranged at a convenient time. For patients in care homes, the GP attended the care home for half a day to perform patient reviews. Data provided by the practice (subject to external verification) indicated that 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/16.

Data provided by the practice indicated that their achievement for diabetes related indicators in 2015/16 was similar to that achieved in 2014/15. The practice had analysed their achievement in this area and identified that this was related to the ongoing control of the patients' diabetes. Patients were reviewed regularly in line with guidelines and given lifestyle advice. For patients who were not maintaining control of their diabetes, the practice worked with the diabetic specialist nurse who attended the practice each month. For patients who were not engaging well with monitoring, a clinician from the practice telephoned them to ensure they received information and

Are services effective?

(for example, treatment is effective)

guidance about their condition. In addition, data provided by the practice for 2015/16 demonstrated that all newly diagnosed patients had been referred to a structured education programme.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last year, four of these were completed audits where the improvements made were implemented and monitored. A further two initial audits had been undertaken and plans were in place to repeat these within the next six months.
- Audits were linked to relevant guidelines and also undertaken in response to significant events. For example, an audit had been undertaken in July 2016 in response to a significant event which concerned the prescribing of prednisolone (a steroid medicine). This audit identified that some patients being prescribed this medicine were not being monitored in line with guidance. The practice took action to address this and planned to re-audit this within six months of the initial audit.
- The practice participated in local audits, benchmarking and peer review.

Effective staffing

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

- Inductions were provided for newly appointed clinical and non-clinical staff to support them in their roles. Inductions covered a range of topics including safeguarding, infection control, fire safety, health and safety and confidentiality.
- Role-specific training and updating was provided for relevant staff where required. For example, the practice supported staff reviewing patients with long-term conditions such as diabetes to access relevant training to cover the scope of their role.
- 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.

- Appraisals, meetings and ongoing reviews of the practice's development needs were used to identify learning needs across the practice. Staff had access to 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 ongoing training that included safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and face to face training delivered through CCG learning sessions.

Coordinating patient care and information sharing

Staff had access to the information they needed to enable them to effectively plan and deliver care for patients. Information was accessed through the practice's patient record system and via their internal computer system.

This included care and risk assessments, care plans, medical records and investigation and test results. There were effective arrangements in place to manage incoming and outgoing information relevant to patient care including information received electronically. Processes were in place to ensure relevant information was shared with other services in a timely way, for example when referring patients to other services. All community services in the area used the same clinical system as the practice which facilitated the sharing of information.

Staff within the practice worked with other health and social care professionals to ensure they understood and met the needs of their patients and in particular those with more complex needs. This ensured that appropriate care was in place for patients moving between services, including when they were referred or discharged from hospital. Regular meetings took place with other health care professionals and this enabled care plans to be reviewed and updated as required. In addition to relevant staff from the practice, the meetings were attended by community based staff including the community matron, district nurses, specialist nurses and the health visitor.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice used a template to determine if young patients were Gillick competent and this was appropriately coded on the clinical system.
- 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.

Supporting patients to live healthier lives

The practice sought to identify patients who may be in need of additional support including patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to relevant services to support their needs. In addition there was a wide range of health promotion information available in the patient waiting area.

The practice's uptake for the cervical screening programme was 91% which was above the CCG average of 86% and the national average of 82%. Reminders were issued to patients who did not attend for their cervical screening

test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake rate for bowel cancer screening was 67% which was above the CCG average of 63% and the national average of 58%. The uptake rate for breast cancer screening was 89% which was significantly above the CCG average of 79% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 94% to 100%.

Access to appropriate health assessments and checks was provided for patients of the practice. These included health checks for new patients with the practice's healthcare assistant and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Data showed that the practice had completed 70 health checks in 2015-16 against a CCG target of 106.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection, we observed that staff were polite and helpful to patients and ensured they treated them with dignity and respect.

Measures were in place within the practice to support patients to feel at ease. These included:

- Curtains in consulting rooms to maintain privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This was publicised within the practice and in the patient leaflet.

All of the 26 patient Care Quality Commission comment cards we received were positive about the standard of care and treatment received as a patient of the practice. Patients said they felt the staff were helpful and caring and provided a very good service. Patients highlighted that staff made them feel comfortable within the practice.

We spoke with a member of the patient participation group (PPG). They also told us they were very 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 above average for its satisfaction scores on consultations with GPs and nurses and interactions with reception staff. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 93% 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%.
- 95% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback indicated that patients felt involved in decision making about care and treatment they received. In addition, patients 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. We saw that care plans were personalised to reflect the needs of individual patients.

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

- 95% 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%.
- 88% 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%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Although the vast majority of patients registered with the practice spoke English, translation services were available if required.
- Some information leaflets were available in easy read format to support patients with a learning difficulty to be informed about treatment.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Information, including leaflets and posters, was available in the patient waiting area which told patients about how to access a range of local and national support groups and organisations. Information about support services was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a dedicated carers' champion

who ensured carers had information about the support available to them. Written information was available to direct carers to the avenues of support which they could access; information for carers was also displayed in the waiting area. The practice had identified 51 patients as carers which was equivalent to 2.2% of their patient list.

Staff told us that if families had suffered bereavement, their usual GP would contact them to offer support where appropriate.

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 was working with the local CCG and NHS England to ensure improvements were made to their premises and had submitted bids for funding to support this.

In addition:

- There were longer appointments available for patients with a learning disability and for those who required it.
- A dispensing service was provided by the practice for eligible patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had a dermatoscope and provided patients with dermoscopy services to aid in the diagnosis of skin lesions. This reduced the need for patients to attend hospital to receive these services.
- Minor surgery was provided by the practice to minimise the needs for patients to travel to receive treatment.
- Access to the practice was via a ramp but level access via the staff entrance was facilitated for patients using a wheelchair if this was required.
- Accessible toilets were available for patients who required these.
- Care was provided to patients in three local care homes with regular routine visits, annual reviews and urgent home visits provided as required.
- An annual flu clinic was run in the village hall and supported by the patient participation group (PPG) with refreshments being provided.
- In order to ensure vulnerable patients in care homes received flu vaccinations the GP and healthcare assistants undertook a joint visit which enabled a flu vaccine to be administered and the patient to have a medication review.

- The practice offered a range of contraceptive services including coil fitting and contraceptive implants.
- The practice had mechanisms in place to meet the accessible information standard and to ensure information was provided in a format to meet the needs of individual patients.

The practice was aware of a number of areas where they were not meeting the needs of patients with a disability. For example, the practice did not have a lowered area of the reception desk or a hearing loop in the reception area. The practice had documented risk assessments in place for these areas and ensured that staff were attentive to the needs of all patients entering the practice. The practice had included these as areas for improvement in their building development plans.

Access to the service

The practice opened from 8.30am to 6.30pm on Monday, Tuesday, Wednesday and Friday. The practice opened from 8.30am to 12.30pm on Thursdays. GP consultation times were as follows:

- Monday - 9am to 11.10am and 3pm to 5.50pm
- Tuesday - 8.50am to 10.50am and 4pm to 5.50pm
- Wednesday - 9am to 10.50am and 4pm to 5.50pm
- Thursday - 9am to 11am
- Friday - 9am to 11am and 3pm to 5.10pm

The practice did not provide extended hours appointments. Pre-bookable appointments could be booked up to five weeks in advance and urgent appointments were provided for those who required them.

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

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%.
- 67% of patients said they could get through easily to the practice by phone compared to CCG average of 68% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 89% of patients were able to get an appointment the last time they tried compared to the CCG average of 84% and the national average of 85%.

Having identified a higher demand for appointments on Tuesdays, the practice was trialling new arrangements for allocating appointments including increasing their use of telephone triage and telephone appointments. The practice also had an agreement in place with CityCare which involved advanced nurses working within the practice seeing and treating patients. These services were provided three days per week and advanced nurses were supported to obtain their prescribing qualifications by the lead GP.

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

The practice had a system in place to assess:

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

Requests for home visits were placed on the computer system with an outline of the reason for the request. These were immediately flagged to a GP. In cases where the urgency of need was so great that it would be

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

Listening and learning from concerns and complaints

There were systems in place to manage concerns and complaints received by the practice.

- 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.
- Information was available to help patients understand the complaints system including leaflets and posters in the waiting area.

The practice had received five complaints in 2015/16. These were responded to in a timely way with explanations and apologies being provided where appropriate. Learning points were identified from individual complaints which were logged and shared with relevant staff to ensure learning was disseminated. For example findings from complaints regarding difficulties in accessing appointments were shared with all staff within the practice.

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 aimed to provide a high standard of medical care in a friendly and professional manner.
- The vision and values of the practice were supported by staff and the practice's mission statement was shared with patients on the website, in the waiting area and in the patient leaflet.
- The practice had a business plan in place which reflected their mission and values. The practice's business plan covered areas including patient engagement, improving clinical quality, education and training and premises and estate.
- The business plan was supported by ongoing action plans which were regularly reviewed and monitored.

Governance arrangements

The practice had governance arrangements in place which supported the delivery of their business plan and good quality care. This outlined the structures and procedures in place within the practice and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had an organisational structure chart in place which identified reporting arrangements for staff.
- Practice specific policies were implemented and were available to all staff as hard copies and on the practice's computer system. Policies were regularly reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example the practice regularly audited areas of performance including their referrals to secondary care and patient attendance at A&E.
- There were arrangements to identify, record and manage risk and issues and to implement mitigating actions.
- The inspection identified some areas where improvements were required to improve governance within the practice; specifically in respect of the management of medicines.

Leadership and culture

On the day of inspection the senior staff within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The lead GP and the practice manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- Affected people were offered support, explanations and apologies where appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings including regular meetings which involved all members of the practice staff team.
- There was an open culture within the practice and staff told us they had the opportunity to raise issues at team meetings and felt confident and supported to do so.
- Staff said they felt respected, valued and supported by senior staff within the practice. Staff had the opportunity to be involved in discussions about how the practice was run and about future developments.

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

The practice proactively sought feedback and engaged patients and staff in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every four to six weeks and worked with the practice to identify areas for improvement. For example, the PPG worked with the practice to review the results of the national GP patient survey and submit ideas for areas of improvement.

Are services well-led?

Good 

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

- The PPG had been involved in working with the practice to make improvements to their patient leaflet.
- A survey of patient satisfaction for dispensary patients had been undertaken by the practice in autumn of 2015. This survey has received 23 responses and demonstrated that the majority of patients were satisfied with the service they received.
- The practice produced newsletters for patients to ensure they were kept updated on practice developments such as building updates and changes to the appointment system.
- Feedback from staff was gathered through staff meetings, appraisals, general discussions and via an annual staff survey. We saw that improvements had been made as a result of feedback from the staff survey. For example, the practice had introduced a whiteboard in the practice manager's office where staff could record suggestions or questions which were responded to weekly.
- 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

We saw evidence that the lead GP was forward thinking and keen to pilot new ways of working. For example, the provider had an agreement in place with CityCare to enable the practice to provide more flexible care for their patients. As part of the agreement the lead GP worked for one day per week at the Urgent Care Centre in Nottingham supporting and mentoring clinical staff to obtain their prescribing qualifications. In return the practice was supported by three advanced nurses (who were employed by CityCare) who worked at the practice three days per week. This led to an increase in clinical capacity within the practice. This had also contributed to a reduction in the emergency admissions to hospital and a reduction in the rate of patients not attending for appointments.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was not providing care and treatment in a safe way, specifically the provider was not ensuring the proper and safe management of medicines within the practice.</p> <p>This included:</p> <ul style="list-style-type: none">• Arrangements to identify and dispose of expired medicines• The safe storage of controlled drugs in line with legislation• General security of the dispensary including secure windows and limiting the personnel who could access the dispensary <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>