

Victoria & Mapperley 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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as good overall. (Previous inspection 30 November 2014 – Good).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Victoria and Mapperley Practice on 24 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had strengthened their systems and arrangements since our last inspection in relation to staff records, training and infection control.
- Patients' received care in line with evidence based guidelines and their individual needs were fully assessed. This included their clinical needs and their mental and physical well being.
- Staff were courteous and respectful to patients. They involved patients in making decisions about their care and treatment.
- There was a consistent approach to quality and improvement within the practice.

We found areas where improvements were needed and the provider should take action ;

- Review the use of alerts on patient records to ensure they fully reflect patient's individual circumstances and highlight any potential risk.
- Improving the recording of actions taken in response to all safety alerts.
- Continue to develop support offered to carers, including strengthening processes for appropriately identifying all carers.

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

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

Victoria & Mapperley Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a GP specialist advisor and a practice nurse specialist advisor.

Background to Victoria & Mapperley Practice

Victoria and Mapperley Practice provides primary medical services to approximately 8,500 patients. The practice has a website giving information about the services it provides; www.victoriamapperley.co.uk

The practice is registered with the Care Quality Commission to provide services at Victoria Health Centre, Glasshouse Street, Nottingham, NG1 3LW and at the branch site, Mapperley Surgery, 858 Woodborough Road, Mapperley, Nottingham, NG3 5QQ. We visited the main location and the branch to carry out our inspection.

The overall practice population, including age profile and the deprivation levels of patients, was mostly in line with the local CCG averages, with some areas of slight variation. For example, the proportion of unemployed patients was 4%, which was below the CCG 8% average. However, the practice were aware that there were areas of variation in population across their two sites. For example, the Mapperley Surgery had a greater number of older patients.

Are services safe?

Our findings

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

Safety systems and processes

At our previous inspection in November 2014 we found a number of areas related to keeping patients safe and safeguarded from abuse where we said the provider should make improvements;

- To review their recruitment policy to ensure that information required by law is obtained prior to staff commencing employment at the practice.
- To keep essential records to show that all nurses and GPs are registered to practice with the relevant professional body prior to their employment and remain registered and fit to practice.
- To keep essential records to show that all relevant staff are protected from Hepatitis B infection.
- To provide a designated person to lead on infection control and ensure systems were in place to monitor the prevention and control of infection and that policies are being followed appropriately.
- Ensure all staff receive sufficient training to enable them to undertake their specific roles.

At this inspection we found the practice had strengthened their systems and arrangements since our previous inspection and had clear systems to keep patients safe and safeguarded from abuse.

- Appropriate staff checks, including checks of professional registration where relevant, had been completed at the point of recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were records in place to confirm that staff had been immunised to protect their health, including immunisation for Hepatitis B.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were in place

which were regularly reviewed and accessible to all staff. Staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

- The practice added alerts to patient records to identify vulnerable patients and those at risk due to safeguarding concerns. Staff understood the relevance of this and were alert to the possible risk. However, the codes being used by the practice did not always fully reflect the potential risk of a patient's individual circumstances and the practice undertook to review their use of codes.
- Clinical staff acted as chaperones and were trained for the role and had received a DBS check. Staff we spoke with demonstrated to us their understanding of the role and their responsibilities.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. This included regular liaison with social care staff and participation in multi-disciplinary and safeguarding meetings.
- There were arrangements in place to manage infection prevention and control and a practice nurse was the designated lead for this. There was an appropriate infection prevention and control policy in place and being implemented. For example, there were records of cleaning schedules to confirm equipment was cleaned at regular intervals and staff participated in relevant training. Infection prevention and control audits were undertaken, most recently in April 2017, and demonstrated any necessary action was being taken to provide a safe environment for patients.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, regular testing was carried out to ensure electrical equipment was safe for use. There were systems for safely managing healthcare waste.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed and this was reviewed on an ongoing basis. For example, there had been recent recruitment of additional reception staff to help improve the access to appointments for patients.
- There was an effective induction system for temporary staff, including locum doctors, tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. There were clear protocols in place to support this, for example, reception staff had an understanding of the steps to take in events such as telephone failure or fire. They had also received relevant training, for example on anaphylaxis and CPR (cardiopulmonary resuscitation).
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. They were familiar with up to date guidance about timely identification and treatment. There was a protocol for all staff which covered recognising acutely unwell patients, and the practice planned to develop training for all staff in this area. .

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. There were systems in place to ensure incoming correspondence, such as test results and discharge letters, were reviewed promptly.

Safe and appropriate use of medicines

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

- Overall we found the systems for managing medicines, including vaccines, medical gases, and emergency

medicines and equipment minimised risks. However, we found one example a medicine in a doctor's bag which had passed its expiry date, and this was remedied immediately.

- There were arrangements to keep prescription stationery securely and the practice monitored its use. Logs were in place to keep track of all prescription stationery. Prescriptions that were held in printers and rooms containing these printers were kept locked when not in use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. The practice were working in line with local antibiotic guidance and had access to specialist advice when needed. The GPs reviewed the practice's antimicrobial prescribing with their local pharmacist.
- Overall we found that patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Their arrangements for recall and follow up to ensure patients were invited to, and attended, reviews had recently been strengthened. This was following the practice identifying previous weaknesses in their systems, which had resulted in some delays in patient recalls for reviews.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

At our previous inspection in November 2014 we found that learning and improvements from significant events had not always been shared with all relevant staff. We asked the provider to make improvements in this area.

- There was a system for recording and acting on significant events and incidents. Records showed appropriate identification and action, with changes implemented when necessary to minimise the risk of any future incidents. Staff we spoke with and records we reviewed confirmed that significant events were discussed at meetings and learning was shared across the wider staff group
- Staff understood their duty to raise concerns and report incidents and near misses. Those we spoke with told us that they felt confident to raise any issues and managers supported them when they did so.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The practice shared lessons learned, identified themes and took action to improve safety in the practice. For example, following a circumstance where the practice was asked to take on a large number of temporary patients who had long-term health conditions which were not being monitored properly the practice liaised with the Clinical Commissioning Group (CCG) to improve arrangements for accessing records for temporary patients. They also took a number of steps to support and train staff in their handling of patients who might be dissatisfied.
- There was a system for receiving and acting on safety alerts. When an alert was received searches were undertaken to identify any affected patients, who were then followed up and any necessary changes made. For example, following an alert about a specific epilepsy medicine a search had been carried out and appropriate follow up action taken. The practice had a procedure to support this and kept a log to show alerts received and action taken. However, we found this log was not as reliable as it needed to be as there were some gaps in the recording.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice offered annual flu vaccinations to older patients.
- Shingles and pneumonia vaccinations were available to eligible patients, and letters were sent to these patients to advise them of this.
- Home visits could be requested and all requests were triaged by a clinical member of staff to ensure appropriate support was provided.

People with long-term conditions:

- There were recall systems in place to facilitate annual reviews for all patients with long-term conditions and to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, practice nurses had received additional training in subjects such as diabetes, COPD and asthma to develop their knowledge of these conditions and understanding of patient's needs.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the national target percentage of 90% or above.
- Contraceptive implants and intrauterine contraceptive device insertion services were provided.

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

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme. There were systems in place to follow up non-attenders and ensure appropriate recall for these checks.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 77 patients on the practice learning disability register and 65% of these had received an annual review of their health needs within the last 12 month period. The practice was proactively attempting to engage those patients who had not responded to a request to attend an annual review. The practice worked with the CCG's learning disability facilitator to support their female learning disability patients to access cervical cancer screening as appropriate.

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

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 12% above the CCG average and 13% above the national averages. Exception reporting rate for this indicator was 0%, which was 6% below the CCG average and 7% below the national average.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 6% above the CCG average and 3% above the national average. The exception reporting rate for this indicator was 11%, which was 2% lower than the CCG average and 1% below the national average.

Are services effective?

(for example, treatment is effective)

- The practice reviewed the physical health needs of patients with poor mental health and this was reflected in indicators in this area. 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, which was 6% above the CCG average and 4% above the national average. Exception reporting rate for this indicator was 7%, which was 4% below the CCG average and 3% below the England average.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available, which was 5% above the CCG average and 3% above the national average. The overall exception reporting rate was in line with local and national averages at 10% (less than 1% above CCG and national averages). QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice had a programme of quality improvement activity to help review the effectiveness and appropriateness of the care provided. The audits completed as part of this programme were clinically appropriate and responsive to the needs of patients. Completed audits included pre- diabetes, dermatology referrals and atrial fibrillation (AF) and these audits highlighted appropriate actions and learning. For example, an audit of patients identified as having a pre diabetes condition had checked all had up to date reviews and had received appropriate health monitoring. Where the audit identified gaps action had been taken, including calling patients in for reviews if necessary. Follow up audits were completed to assess the improvements achieved.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up

to date records of skills, qualifications and training were maintained and confirmed staff completed essential and supplementary training. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice included the requirements of the Care Certificate in their training of healthcare assistants, with two staff having recently completed this training.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We also saw the practice were proactive in addressing staff absence levels.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans which were in a useful format and were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, a monthly palliative care multi-disciplinary meeting brought together key professionals to facilitate a coordinated approach.
- The practice had established good links with other agencies in the area who they worked with to help ensure patients received the support they needed.

Helping patients to live healthier lives

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

- Comments made by patients during our inspection confirmed they received appropriate, medical advice from GPs and were also signposted to other relevant

Are services effective?

(for example, treatment is effective)

sources of information. The practice provided information on self-care and over the counter remedies on their website, their quarterly newsletter and in their practice information leaflet.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice's detection rate for patients referred via the two week wait cancer pathway was above average at 67% (2015/16 data), helping to improve early diagnosis for patients. (CCG average 55%, national average 50%.)
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. For example, staff described how they would use alternative forms of communication, such as pictures, to help ensure patient involvement and understanding. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff had completed training in equality and diversity to support them to understand patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. During our inspection we observed reception staff spoke with patients discretely and were mindful of patient privacy.
- The practice's computer system alerted staff if a patient had additional communication needs, so staff could support them appropriately.
- The 54 Care Quality Commission comment cards we received were positive about the service experienced. Patients commented very positively that staff were caring and attentive. This was in line with other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 268 surveys were sent out and 108 were returned. This represented about 1% of the practice population. Patients had rated the practice either in line with or above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.

- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; CCG - 90%; national average - 91%.
- 90% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Staff we spoke with confirmed face to face interpreters and telephone interpreting services were used, when appropriate.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services where needed. They helped them ask questions about their care and treatment.
- Feedback we received from patients during our inspection confirmed that they felt involved and listened to when their health issues were being considered.

The practice identified patients who were carers when they registered with the practice and during consultations with clinical staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (less than 1% of the practice list).

Are services caring?

- The practice had already highlighted this as an area for action. They had recently been updating their records to improve appropriate identification of carers. This had been followed by sending a letter to each carer enclosing information about a newly established local carers support network. .
- Following a bereavement the GP involved in the patient's care contacted the family.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.

- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 83%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. This was reflected in the patient feedback we received on our completed comment cards. Patients commented that they found staff to be polite, caring and good at listening to them.
- Information about the practice chaperone policy was readily available to patients in the reception area and on the website. This explained how patients could request this and stressed the importance of patients feeling confident and supported.
- There was information available (on the practice website and in the reception area) to explain to patients how they could access their medical records, if they wished to do so. Patients could also request on-line access through the Patient Access website, which along with the facility to book online appointments and order repeat prescriptions meant they could view their basic medical record.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

At our previous inspection in November 2014 we found that arrangements needed to be improved to enable people whose first language is not English to access information about services. We asked the provider to address this.

Responding to and meeting people's needs

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

- The practice offered appointments up to 6.30pm to facilitate easier access for patients who could not attend earlier in the day. Online services such as repeat prescription requests and advanced booking of appointments were available and used by patients.
- There was a broad range of relevant information available in the reception areas, for example, interpreting services and dementia. However, there was no information specifically relevant to lesbian, gay, bisexual, and transgender (LGBT) patients.
- The facilities and premises were appropriate for the services delivered. The Mapperley site had recently undergone a refurbishment to make improvements to the reception waiting area and the needs of patients had been taken into account in this process. For example, advice had been sought from a specialist dementia organisation to ensure that the new environment was appropriate for patients with dementia.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice made a note on patient records of patients who required additional support with communication to ensure that all staff were aware of this.
- Patients could use their preferred language when checking in for their appointment via the electronic system.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. For example, the

manager of a local care home was included in regular multi-disciplinary meetings at the practice where the needs of people nearing their end of life were discussed and planned for.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice provided reliable, regular support to patients living in nearby care homes, and was responsive to requests for additional visits or support.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Home visits were accommodated for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice liaised with local services, including the district nursing team, to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice also liaised with health visitors to ensure children received appropriate support. Records we looked at confirmed this.
- All parents or guardians who had concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice understood the different

Are services responsive to people's needs?

(for example, to feedback?)

population needs across their two sites and took this into account. For example, the Victoria site had a greater diversity of ethnicity and subsequent high use of interpreting services to support clinical consultations.

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Patients from local hostels and refuges were able to register with the practice.
- Interpreting services were used to help ensure patients communication needs were met and that they could participate actively in their clinical consultations.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had engaged with a local CCG initiative to improve the quality of physical health assessment offered to this patient group. Their audit of the initiative demonstrated improved outcomes for patients and, although the CCG initiative had come to an end, the practice planned to continue to offer the enhanced physical healthcheck to this patient group.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use and had been revised to make it easier to get an appointment, in response to patient and staff feedback and GP patient survey data.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages for most indicators. 268 surveys were

issued and 108 were returned. This represented about 1% of the practice population. This was supported by observations on the day of inspection and completed comment cards.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 93% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 84%.
- 88% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 81% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- 62% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 64%.

There was one area where patients experienced slightly lower than average satisfaction levels;

- 69% of patients who responded said they could get through easily to the practice by phone; CCG - 71%; national average - 71%.

This issue was also reflected on a very small scale in the comment cards we received during our inspection. Two of the 54 cards included comments about some difficulties in getting through to the practice by telephone.

The practice were aware of this area of lower than average patient satisfaction and were responding to this. They had recently introduced a new GP triage system to help manage requests for same day appointments which also meant patients only needed to make one call if they had an urgent clinical issue. Alongside this the practice had analysed the volume and pattern of calls, increased staffing levels in the mornings, added additional phone lines and implemented a call queuing system. The practice were continuing to pay close attention to this issue of telephone access and were keen to secure improvements for patients.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff we spoke with explained how they would try to resolve any patients concerns themselves, if they could. When necessary they gave verbal and or written information to patients about how to complain. They would also ensure the practice manager was aware of any patient who wished to complain.
- The complaint policy and procedures were in line with recognised guidance and showed how complaints were handled and the timescales for this. Six complaints had been received in the last 12 months. We reviewed three complaints and found these had been responded to in a timely and satisfactory way. Responses included full explanations and, where appropriate, an apology.
- The practice reviewed the information from individual concerns and complaints and took this into account. For example, a complaint about difficulty in accessing appointments had been taken into account in the recent review of the appointment system.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges that their practice faced and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. These leaders were enthusiastic about their roles and proud of their staff team.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, since the appointment of a new practice manager the former post holder had been retained on a consultancy basis to ensure a smooth transition, support the new post holder and ensure valuable expertise and knowledge were retained.

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 set out their ambition to provide high quality healthcare for their patients. Our findings on inspection demonstrated that staff across the organisation shared the values outlined in the mission statement. Staff were enthusiastic about their roles and they felt they made a positive contribution to achieving the overall aims of the service.
- The practice had a clear strategy and supporting business plans which reflected their mission statement and was in line with local health priorities and the needs of the patient population. Progress was reviewed on a regular basis, including during practice meetings.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and felt there were positive relationships between staff at all levels.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that when complaints were received they were responded to in a timely way and actions were taken to resolve concerns.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. When appropriate, such as in response to a complaint, the practice apologised to patients.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They found managers to be approachable and had confidence that any issues they raised would be addressed.
- There were processes for providing all staff with the development they need. This included annual appraisal and plans developed to identify individual goals and learning objectives. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff. The practice had recently achieved a significant reduction in levels of sickness absence. Staff were clear about action they should take if they found themselves in a challenging situation and training was provided to support them in handling conflict and managing personal safety.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training and they felt they were treated equally.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were in place, understood and effective.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a structure of regular meetings across the practice so that information was communicated consistently and appropriately to all staff.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice carried out regular checks on the safety of the environment.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents and complaints.
- The practice were proactive in using clinical audits to achieve a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance and the views of patients were taken into account. For example, the practice had used information from their national GP patient survey to review the way patients accessed appointments.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Management meetings included discussion about Quality Outcomes Framework (QOF) performance and learning from significant events.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care. This included purchasing additional systems to improve their processes, such as recall arrangements for patients.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. As well as making use of national survey data the practice collected feedback directly from their patient participation group (PPG) and individual patients and used this to improve the service they offered. They did this through PPG meetings, patient comments, a suggestion box and their review of complaints and other incidents.
- The PPG was active and well organised, with a constitution that outlined the aim, role and membership of the group. At its annual general meeting in April 2017 the PPG had set clear priorities for its work, including developing the membership of the PPG to become more representative of the patient population and reviewing the availability and appropriateness of patient information.
- There was a clear structure for the organisation of the PPG. A core group of nine members met each month. A wider PPG group, which had recently increased from 50 to over 60 patients, were all invited to attend quarterly meetings. Practice staff also attended both meetings, including GPs and the practice manager.
- The PPG were proactive in their objective to attract a wider representation of patients; they had visited local places of worship and a mother and toddler group to promote the role of the PPG, identified an opportunity to encourage local sixth form students to participate in

Are services well-led?

Good 

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

the PPG and arranged their meetings at different venues and times to encourage varied attendance. They also offered patients the opportunity to be 'virtual' members, using emails to circulate information and gather views.

- Following local building developments which had impacted on the branch site at Mapperley, the PPG had been proactive in bringing about changes to public access. They had liaised with the local authority and secured improvements to the road layout and road signage, achieving improvements for patients.
- The PPG were responsible for patient notice boards in each reception areas, they rotated the information on a regular basis and used the boards to promote seasonal topics.
- The PPG helped to ensure the views and interests of their patients were represented in wider forums. The chair of the PPG attended the local Greater Nottingham Transformation Partnership and also the local Clinical Commissioning Group's annual PPG event.
- The practice kept patients up to date with news through a quarterly patient newsletter, produced by the PPG and the practice website. For example, when this inspection was announced to the practice they updated their website to make patients aware of the forthcoming inspection and to reassure them that additional GP resources were being made available on the day to ensure no detriment to patient care.
- The practice website was reviewed by the PPG on a regular basis and their comments and any suggestions for improvement or change were fed back to the practice.

- Information about the CQC rating of the service was easily available to patients as it was displayed in the reception area and published on the practice website.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. Systems were in place to ensure staff across the organisation completed essential training and also had opportunities for further training to develop their skills and enhance the service provided.
- The surgery was a GP training practice and accommodated placements for GP registrars and medical students. This facilitated an environment of continuous learning and contributed to the practice's quality agenda. The trainee we spoke with felt well supported and valued the experience they were gaining during their placement at the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.