

Dr Exley and Partners

Quality Report

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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Exley and Partners	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

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.
- Risks to patients were assessed and well managed. There were arrangements in place to review risks on an ongoing basis to ensure patients and staff were kept safe.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training was provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- Regular clinical audits were undertaken within the practice to drive improvement and future audits planned on identified needs.
- 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.
- Patients said they generally found it easy to make an urgent appointment and that staff would always accommodate them where possible.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Adjustments had been made to the premises to ensure these were suitable for patients with a disability.
- There was a clear leadership structure which all staff were aware of. Staff told us they felt supported by the partners and management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice which included

- Patients were treated as active partners in their care. Staff overcame obstacles to deliver a high level of care for example; staff were proactive in identifying and supporting carers and had established a local network with monthly meetings to reduce isolation.

Summary of findings

This had developed into a carer's community involving carers from outside the practice and led by the carers champion through meetings, development of a website and close working with the carer's federation to develop the support available.

- The management team used innovative methods to audit the way the practice was run. This ensured the service was constantly improved and the effectiveness of the practice challenged to ensure

this had a positive impact. Feedback and changes were reviewed by the staff as group to ensure full involvement. This had led to greater ownership of the practice amongst staff who told us they felt very much involved in the development of the practice and empowered to suggest and drive change as a team.

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 good for providing safe services.

- 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 openly discussed with staff to ensure action was taken 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.
- Risks to patients were assessed and generally well managed across the practice; however, the practice needed to ensure policies reflected current practice in areas covered by the dispensary.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice had a robust recall system in place to manage the higher than average number of patients with long term conditions registered with the practice.
- Nationally reported data showed that outcomes for patients were consistently better than national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.4% of the points available. This was above the local and national averages of 97.3% and 94.7% respectively. The practice had achieved at least 99% of the total points available in all but one of the 19 clinical indicators, and 100% for all public health indicators. Exception rates were consistently below local and national averages.
- There were systems in place to ensure staff were up to date with relevant guidelines including regular training and clinical meetings. Templates on the patient record system were used to support the delivery of patient care were updated annually to ensure any changes to guidelines were embedded.
- Clinical audits were undertaken within the practice to support improvement. A total of 21 clinical audits had been undertaken in the last 12 months ten of which were completed cycles.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice took a number of steps to ensure working age people received appropriate screening including offering cervical screening during extended hours and seeking direct patient feedback on screening to make the recall systems more effective. Their performance on cervical cytology was above local and national averages with a lower rate of exception reporting.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice worked closely with the community care coordinator who was positive about the engagement demonstrated by the practice.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example, 86% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- In addition to the GP patient survey the practice proactively asked for patients' opinion on the care provided to ensure all areas for improvement were considered. This included a questionnaire sent to patients on the palliative care register, 100% recommendation of patients completing the friends and family survey and feedback from members of the patient participation group (PPG) who were proactive in improving the care patients experienced.
- Information for patients about the services available was easy to understand and accessible.
- There had been long term support for carers in the practice led by the carer's champion who was the lead in identifying and supporting carers. A social network had been established for all carers in the area and this had been led by the carers champion.
- The practice had identified 319 patients as carers which was equivalent to 3.8% of the practice list.
- The staff considered patients, not just in terms of medical conditions but in their social and family life as well, often offering support to entire families to ensure the impact of a patient's condition was alleviated and patients told us they considered the staff part of their family and told us they delivered care that exceeded their expectations.

Outstanding



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and delivered services to meet their needs.
- Extended hours appointments were offered once a week for early morning appointments on a Wednesday.
- A range of services were offered by the practice to avoid patients having to travel including minor surgery and joint injections.
- Patients said they found it easy to make an urgent appointment and the appointments rarely ran late.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and the patient participation group (PPG).

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to providing a safe, high quality service.
- A comprehensive business plan had been developed which covered all areas which could present a challenge to the practice over the next five years, for example retirement of key staff and changes to minimum wage.
- The leadership, governance and culture of the practice were used to drive and improve the delivery of high quality patient centred care.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative audits and reviews by external organisations such as the Kings Fund and the Royal College for General Practice to drive improvement.
- There was a clear leadership structure and strong collaborative support across all staff who were focused on improving the quality of care and patients experience whilst accessing care.

Outstanding



Summary of findings

- The patient participation group (PPG) was active and met regularly; they worked closely with the practice to identify areas for improvement and supported them to make improvements. For example, the PPG had implemented clearer road markings outside the practice with the addition of a disabled parking bay.

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 outstanding for the care of older people.

- Each patient residing in a residential or care home had a printed copy of a summary care record kept locked away with care plans which helped with assessments from out of hours and ambulance service staff. This was updated regularly to ensure its usefulness.
- 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 provided for older people as required.
- The practice worked closely with community teams and charities to ensure there was good provision of care and support was in place when needed.

Carers were well supported and events organised to ensure there was a forum to reduce isolation in their role.

Outstanding



People with long term conditions

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

- Clinical staff had lead roles in managing patients with long-term conditions and those patients identified as being at risk of admission to hospital were identified as a priority.
- Performance for stroke related indicators was 100% which was 2% above the CCG average and 3% above the national average. The exception reporting rate for stroke related indicators was 7.8% which was slightly below the CCG average of 8.2% and the national average of 9.7%.
- Longer appointments and home visits were available when needed to facilitate access for these patients.
- All these patients had a named GP and were offered regular reviews to check their health and medicines needs were being met.
- For patients with more complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice worked closely with the community care coordinator to ensure support was in place for patients who required it.

Outstanding



Summary of findings

Families, children and young people

The practice is rated as outstanding 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 a deputy lead and staff were aware of who these were.
- We saw positive examples of joint working with midwives, health visitors and school nurses with regular meetings being held to discuss children at risk.
- Extended hours appointments were offered one morning a week, to ensure appointments were available outside of school hours.
- A full range of contraception services were available including coil fitting and contraceptive implants.
- There were cleanable toys in reception and a private area available for breast feeding if required.
- Vaccination rates for childhood immunisations were above local averages.

Outstanding



Working age people (including those recently retired and students)

The practice is rated as outstanding 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 extended hours appointments were offered one morning a week from 7am to 8am to facilitate access for working patients.
- 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.
- The practice took a number of steps to ensure working age people received appropriate screening including offering cervical screening during extended hours and seeking direct patient feedback on screening to make the recall systems more effective.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 78% and slightly above the national average of 82%.
- A range of services were offered at the practice to facilitate patient access including minor surgery and joint injections.

Outstanding



Text messaging was used to confirm appointments and issue reminders.

Summary of findings

People whose circumstances may make them vulnerable

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

- All staff had received domestic violence training from 'Identify and Referral to Improve Service' (IRIS) who were able to utilise a room to see patients experiencing domestic violence to improve the likelihood of engagement with the service.
- The practice saw a high number of patients with substance misuse problems. One of the GPs had a special interest in this area and continued to provide support and refer to appropriate services when needed.
- The standard of care provided to patients whose circumstances may make them vulnerable was reviewed through questionnaires and audits to ensure it was as effective as possible.
- In order to effectively support vulnerable patients, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 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.
- The practice offered longer appointments for patients with a learning disability where required.

Information was available which informed vulnerable patients about how to access local and national support groups and voluntary organisations.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 100% which was 1.6% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 7% which was below the CCG average of 11% and the national average of 11%.
- The dispensary team provided weekly medication dosettes to patients with memory problems to increase compliance with their medicines.
- A system was in place to monitor patients with poor mental health, ensuring they requested prescriptions regularly and if an order has not been made within a week their normal GP was tasked to follow them up.

Outstanding



Summary of findings

- The practice encouraged the use of online resources for these patients which included Mood Gym, Living Life to the Full and Mindless.
- Monthly multidisciplinary meetings were held within the practice to ensure the needs of these patients were being met.
- The practice had a system in place to follow up patients who had attended A&E who may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the result of the national GP patient survey which was published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 219 survey forms were distributed and 128 were returned. This represented a 58% response rate.

Results showed:

- 78% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 87% and the national average of 73%.
- 84% 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 89% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 82% 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 46 comment cards which were all positive about the standard of care received. Patients described staff as devoted and said they found them supportive and caring.

We spoke with 10 patients during the inspection including two members of the patient participation group (PPG). All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Exley and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Dr Exley and Partners

Dr Exley and Partners, also known as Church Street Medical Centre, provides primary medical services to approximately 8,355 patients through a general medical services (GMS) contract, this is a nationally agreed contract with NHS England.

Services were provided from a surgery located in purpose built premises in the heart of Eastwood, at 11b Church Street, Eastwood, Nottingham NG16 3BS. The main surgery has car parking, parking for the disabled and is accessible by public transport. All consulting rooms are on the ground floor.

The practice has a higher number of registered patients aged over 65. For example, 23.8% of the practice populations are aged 65 and above, compared to the CCG average of 20.4%, and the national average of 17.1%. The level of deprivation within the practice population is in line with the national average. Income deprivation affecting children and older people is slightly above the local average, however in line with national averages.

The clinical team comprises of six GP partners (three male and three female), two practice nurses, a health care assistant and dispensary staff. The clinical team is supported by a reception manager and a range of reception and administrative staff.

The practice may dispense medicines to patients who live more than one mile from the nearest pharmacy. We inspected the dispensing service as part of this inspection.

The practice is an accredited training practice for GP registrars. At the time of the inspection there were three GP registrars working in the practice. (A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice).

The surgery opens from 8am to 6.30pm on Monday to Friday. In addition the practice opens at 7am on a Wednesday for early appointments. Consulting times are from 8.30am to 12.30pm and from 4.30pm to 6pm Monday to Friday.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (NEMS).

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 including the clinical commissioning group (CCG), NHS England and Healthwatch. We carried out an announced visit on 24 May 2016. During our visit we:

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

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

- Staff told us they would inform the lead GP or a senior member of staff of any incidents initially. There was a recording form available on the practice's computer system and staff knew how to access this. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed as soon as practicable and were provided with support, information and explanations. Where appropriate, patients were provided with verbal and/or written apologies and told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events on an ongoing basis and reviewed these at a meeting every 10 weeks or sooner if required. This ensured actions had been completed and any learning shared and embedded.

We reviewed information held by the practice related to safety including reports of incidents and significant events and minutes of meetings where these were discussed. Learning was identified following incidents and events and there were systems in place to ensure this was shared with relevant staff to improve safety within the practice. For example, following a significant event in which it had been identified that a patient was taking the incorrect dose of medicine due to a prescribing error additional safeguards were implemented. This included improving checks on prescribing when patients were taking more than one strength of the same tablet. A designated prescribing lead monitored medicines which were often prescribed in several strengths to allow for additional audit and a staff member maintained a register to ensure yearly blood tests were completed so doses can be accurately adjusted.

Processes were in place to ensure safety alerts and alerts received from the Medicines and Healthcare products

Regulatory Agency (MHRA) were disseminated within the practice, both electronically and in paper form and a copy always stored to be used for future reference. We saw evidence that appropriate action was taken when the alert was relevant to General Practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which 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. There was a lead GP for adult and child safeguarding who was trained to level four and held regular meetings with community staff including health visitors and school nurses to discuss children at risk. GPs attended external safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice computer system alerted staff to safeguarded children and adults and the practice had implemented a vulnerable alert to allow staff to provide additional support to patients once they had been removed from the safeguarding system.
- There were notices in the waiting room and in consultation rooms to advise patients that they could request a chaperone if required. We were told that a member of clinical staff usually acted as a chaperone but a non-clinical member of staff could be used with the patient's consent. The practice could demonstrate that 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).
- The lead practice nurses shared the role of infection control clinical lead within the practice. We observed

Are services safe?

the practice premises to be clean, tidy and well organised and saw that there were mechanisms in place to maintain appropriate standards of cleanliness and hygiene. There was an infection control protocol in place and staff had received up to date training. Comprehensive infection control audits were undertaken on a regular basis and the practice had undertaken a peer review of the systems by another infection control nurse and a CCG lead to ensure best practice was maintained.

We saw evidence that action had been taken to address any improvements identified as a result. For example, although there were spill kits in place around the practice an audit had highlighted staff did not know how to use them effectively. Training had been provided to address this.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines and highlighting prescriptions with a red mark to ensure they could be easily identified. The practice had successfully passed a controlled drug assessment in February 2016 carried out by an NHS England controlled drugs support officer. At the request of the practice the officer also carried out the CQC controlled drug assessment tool and the practice scored 'green' in all areas. (A controlled drug is a medicine which is controlled under the Misuse of Drugs Regulation 2001 and is subject to stricter legal controls).
- The practice had an effective system in place for reviewing patients' medication on discharge from hospital. The prescribing lead would review and update any changes on the patients' records requested by the hospital doctors on discharge, which was then reviewed by the patients' GP. This had proved effective at picking up duplications from hospitals when they had not been aware of the full list of medicines the patient took on admission.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice carried out regular medicines audits, with the support of the dispensing team and the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- There were systems in place to ensure appropriate pre-employment checks were undertaken. For example, we reviewed five personnel files and found proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing the majority of risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments, electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment had been checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of building security, manual handling and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Rotas and staffing levels were continually monitored and reviewed to ensure there was enough capacity to meet the needs of patients. The practice employed a range of full and part time staff who provided cover for each other and worked flexibly when needed.

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 and there were emergency medicines available in a secure area of the practice.
- The practice had a defibrillator and oxygen available on the premises with adult oxygen masks along with other resuscitation equipment available on a specifically designed 'crash trolley' to ensure items were available in an emergency. A first aid kit and accident book were available.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

or building damage. The plan included emergency contact numbers for staff and suppliers and laminated copies were kept off site and in an emergency grab bag at the practice.

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 as well as in paper form, and discussed relevant updates to these in clinical meetings. Staff also attended regular training which supported their knowledge about changes to guidelines.
- The practice monitored that guidelines were followed through risk assessments, audits and checks of patient records.
- Templates on the clinical systems were compliant with guidelines and supported clinical staff to treat patients in line with 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 recent published results were 98.4% of the total number of points available (550/559), higher than the local average of 97.5% and the national average of 94.8%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data for 17 of the 19 clinical areas featured in QOF were 100% including heart failure, hypertension, asthma, dementia, depression and learning disability. The practice had relatively low overall exception reporting rates at 6.9% compared to a CCG average of 8.5% and a 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). Specifically data from 2014/15 showed:

- Performance for diabetes related indicators was 90% which was below the average of 95.8% for the CCG however 1% above the national average. The exception reporting rate for diabetes related indicators was 7.4% which was below the CCG average of 11.1% and the national average of 10.8%.
- Performance for indicators related to hypertension was 100% which was 0.6% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 1.7% which was below the CCG average of 3.4% and the national average of 3.8%.
- Performance for mental health related indicators was 100% which was 1.6% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 7.1% which was below the CCG average of 11.1% and above the national average of 11.1%.
- Performance for dementia related indicators was 100% which was 1% above the CCG average and 5.5% above the national average. The exception reporting rate for dementia related indicators was 11.4% which was above the CCG average of 6.6% and the national average of 8.3%.

There was evidence of quality improvement including clinical audit:

- There had been 21 clinical audits undertaken in the last 12 months, 10 of these were completed audits where the improvements made had been implemented and monitored. For example, an audit of the review protocol of asthma patients highlighted that the Asthma Control System (ACT) was not being utilised to its fullest extent. Training was implemented and the tool used to NICE guidelines. The number of patients who received this as part of their asthma review increased to 100% which the practice believed would result in earlier detection of a deteriorating patient in the long term.
- The practice participated in local audits, benchmarking and peer review. Lead GPs also attended an organised CCG meeting along with 10 other practices to review two significant events which increased the shared learning as points for development were brought back to the practice and shared at meetings.

Are services effective?

(for example, treatment is effective)

- Future audits were planned in advance and reflected areas highlighted by staff and clinical updates, often focusing on the long term conditions the practice population had.

The practice was aware that it had significantly higher numbers of patients with long term conditions, which the practice linked in some part to the higher than average number of older patients. The number of patients with a long term condition represented 66.2% of the patient list compared to a local and national average of 54%. The practice actively screened patients for conditions through an effective recall system and monitored patients as reflected in the QOF data.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Inductions were specific to each role and also covered general topics such as health and safety and confidentiality, in addition to training the practice had developed a health and safety handbook which was given to staff during induction. New starters had performance reviews with their line manager at three months and six months.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For those reviewing patients with long-term conditions such as diabetes, the practice supported staff to undertake training.
- 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. Nursing staff within the practice met on a regular basis to discuss any issues including new guidelines, alerts and templates which needed to be updated.
- A system of appraisals and reviews of practice development needs ensured that the practice identified the learning needs of staff. In addition to internal training which was provided online and face to face, staff could access external training to enable them to cover the scope of their work and develop their role.

Staff also had access to support through meetings, coaching and mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- The practice maintained a comprehensive online training matrix which identified mandatory training and required frequency for clinical and non-clinical staff and assisted in ensuring that staff kept up to date with training. Staff received training that included: safeguarding, fire safety awareness, basic life support, equality, diversity and human rights and information governance.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the patient record system and their internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We saw that practice staff worked effectively with other health and social care professionals to meet the needs of their patients and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with community based health and care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These were attended by a range of staff social workers and district nurses.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.

Are services effective?

(for example, treatment is effective)

- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients receiving end of life care, carers, homeless patients and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Services were offered within the practice to support patients including access to in-house ultrasound, gynaecology, memory and pain clinics.

The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 78% and the national average of 82%. A designated member of the administrative team monitored the recall of patients and if a patient had not responded to two letters then the patient's GP was notified and a third letter sent, this time with a link to the Jo's Trust website to reinforce the importance of the procedure and printed on pink paper. Screening was offered both during the core hours and the extended hours for patients' convenience and this was publicised on the correspondence.

This had been achieved with a cervical screening exception rate of 3% which was below the CCG average of 3.6% and a

national average of 6.3%. The practice had also conducted a cervical smear patient satisfaction questionnaire to help identify areas they could improve the experience and make the recall system more effective.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- Uptake rates for breast cancer screening were 82% which was above the CCG average of 78% and above the national average of 72%.
- Uptake rates for bowel cancer screening were 66% which was above the CCG average of 65% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, rates for the vaccinations given to under two year olds averaged 98.8% compared to the CCG average of between 96.4%. For five year olds the practice averaged 98.2% compared to the CCG average 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Working with the charity 'Kissing it Better' who work with health providers to share and develop good ideas across the country, the practice:
 - Amended the seating plan in the waiting room to improve access and provide greater privacy.
 - Added an information screen to provide health promotion and practice information.
 - Improved the environment in the phlebotomy room to help put patients at ease.
 - Introduced a lending library in reception.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.

During our inspection we observed that staff treated patients in a friendly and courteous manner. All of the 46 completed CQC comment cards we received were overwhelmingly positive about the service experienced. Patients described staff as dedicated, compassionate and helpful with some individual staff being singled out for praise.

We saw thank you cards and letters of appreciation from patients, carers and family who had experienced often challenging times and indicated the staff had not only supported them but become an important part of their family.

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they

appreciated the level of care, often feeling it was a privilege to be patient who was so well cared for and said their dignity and privacy was respected. Patients highlighted the compassionate care provided by the practice.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses and in line with the average for others. For example:

- 86% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 94% 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%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

Results showed the majority of patients found receptionists at the practice helpful; however satisfaction scores were slightly below local and national averages:

- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

The practice had developed a Friends and Family dashboard which displayed the latest month's results, how many people had responded and had space for free text to cover a variety of comments. The practice had scored 100% in the last month's friends and family test and comments reflected that staff could not do enough for patients, that the practice was supportive and caring and that the care was personal and individual to the needs of patients.



Are services caring?

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about their care. In addition they told us they felt listened to and supported by staff and never felt rushed during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views. We saw that care plans for patients were personalised to account of individual needs and patient wishes.

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 and were in line with local averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a portable hearing loop.
- Information leaflets were available in easy read format and health promotion was displayed on a screen in reception.

Patient and carer support to cope emotionally with care and treatment

A wide range of information was available in the patient waiting area in the form of leaflets, information screen and posters. This included health promotion information and

information about how to access local and national support groups and organisations. Information about support organisations was also available on the practice website.

The practice had actively supported carers with a carers champion leading in the identification and support of carers, with the award of the RCGP, Carers trust and Carers UK 'caring about carers' award in 2014 in recognition of the support offered by the practice.

The lead had identified ways around the normal obstacles in providing support to carers by worked closely with the carer's federation and had sought funding from the CCG to start a carer's support group in 2014 run from the surgery on a bi-monthly basis. This quickly became popular and is now held every month at the local church and open to all carers in the local area. In addition to this the carers champion through the practice had:

- Established a local carers' website to provide a resource for support.
- Sent text message reminders to carers when the group is meeting.
- Planned speakers for the meetings to maximise the relevance of the meetings, for example around nutrition or exercise.
- Created a pack for carers to receive once they have been initially registered.
- Put a footer note on all correspondence sent to patients asking if they care for someone explaining that they could register as a carer and receive additional support. This has been adopted by the CCG as a whole due to its effectiveness in identifying new carers.

Feedback from carers was continually positive and showed the difference the practice had made in terms of support with comments including that it had been directly responsible for no longer feeling isolated, that they no longer felt ashamed about the way they felt and suffer in silence.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 319 patients as carers which was equivalent to 3.8% of the practice list. The practice ensured carers were treated with more flexibility, with extended appointments being available as well as telephone and home visits to fit in with the often busy



Are services caring?

lifestyle of a carer. There was information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff.

Staff told us that if families had experienced bereavement, their usual GP contacted them where this was considered

appropriate. A condolence card was sent from the practice which also highlighted the support available through the practice. Where required appointments were offered and advice given regarding how to access support.

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 worked with the CCG to provide an in-house pain management clinic, and community gynaecology, memory and pain clinics, and a weekly ultrasound clinic for patients which reduced the distance patients had to travel and reduced waiting times.

In addition:

- The practice offered extended hours covering one early morning every Wednesday. This helped to facilitate access for working people or for patients who required a working relative to help them get to the practice.
- There were longer appointments available for patients with a learning disability and for those who required them.
- 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 required same day consultation.
- There were facilities for the disabled including toilets and dedicated parking spaces and automated doors at the main entrance.
- The practice had a portable hearing loop.
- Translation services available and some leaflets were available in alternative languages.
- A television information screen had been installed in the waiting area as patients had requested more access to information.
- Postnatal checks are undertaken by a GP in a joined up appointment with the eight week baby check and first baby vaccinations.
- Each residential or care home has a dedicated GP allocated to the patients ensuring continuity of care and effective communication with staff and patients is provided.

- The practice provided a dispensary service to 274 eligible patients. A home visit delivery service was also available which helps to identify further needs of potentially vulnerable Patients such as stockpiling of medications and memory problems.
- A full range of family planning services was available including coil fitting and implant insertions.

Access to the service

The surgery opened from 8am to 6.30pm on Monday to Friday. In addition the practice opened at 7am on a Wednesday for early appointments. Consulting times were from 8.30am to 12.30pm and from 4.30pm to 6pm Monday to Friday. Appointments could be pre-booked up to one month in advance for a specified GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with national averages for satisfaction with opening hours and telephone access but below the local average for both areas.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 87% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, and that they rarely had to wait in reception long before being called through for their appointment.

Listening and learning from concerns and complaints

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

- The practice complaints policy was in line with regulations for handling complaints and contractual obligations for GPs in England. The practice's procedures for handling complaints reflected recognised guidance.
- 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.
- The practice kept comprehensive records of complaints.

Are services responsive to people's needs? (for example, to feedback?)

We looked at 14 complaints received in the last 12 months. We found that complaints were responded to in a timely manner in line with the practice's complaints procedures. People making a complaint were provided with explanations and apologies where appropriate. They were also told about any improvements made as a result of their complaint.

Learning from complaints was identified and discussed at relevant meetings. Complaints were logged centrally and reviewed to ensure learning had been embedded. We saw

that changes were made as a result of complaints to improve the service offered to patients. For example, a patient was allocated none urgent appointment and subsequently diagnosed with meningitis. The mother had not requested an urgent appointment and not given a clear reason for urgency, however reception staff were given additional training in the symptoms associated with meningitis to allow for improved recognition in the future and ensure only urgent appointments were made at the earliest opportunity.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice had a mission statement which was ‘to develop a personal, accessible and lasting relationship with patients, promoting health and manage illness to the best of their abilities’ staff knew and understood the values.
- The vision was displayed for patients and staff to view.
- The partners were clear about areas for development and improvement within the practice and we saw that these were discussed at regular management and partners’ meetings.
- There was a clear five year strategic plan which covered areas such as succession planning and impact of minimum wage increases through to 2020.

Governance arrangements

- The practice had appointed a GP partner as a managing partner, following the departure of the previous practice manager. This had been seen as an opportunity to develop a new approach to the management of the practice and had encouraged individual ownership of key roles and a greater sense of a team within the practice. Staff told us they felt involved and well supported to develop the practice and that the common focus was on providing a positive experience for patients whilst improving the quality of care they provided.
- There were robust, consistent and effective systems in place to enable the provider to have oversight and governance of the services provided. This included an inward and outward facing assessment of risk by sharing learning from significant events.
- Innovative approaches were used to gather feedback from patients and staff. The Partners took every opportunity to scrutinise the efficiency and effectiveness of the way the practice operated through audits and assessments, to assess the way it operated and seek areas for improvement. For example:

- The practice had undertaken the Royal College of General Practice (RCGP) Safety Climate questionnaire and scored above average in all areas, including communication, workload, leadership, teamwork and safety systems and learning against other practices.
- The practice submitted an Information Governance (IG) assessment through the IG toolkit which allows organisations to assess themselves against required standards. The practice scored highly overall in the way it manages data.
- Recent participation in a Practice Leadership Assessment Tool, part of a study conducted by the Kings Fund, gave the staff opportunity to give anonymised feedback on a number of key areas such as, team working, engagement, compassion and autonomy. This was collated and fed back to the management, giving advice on development opportunities.
- The practice had completed the Nottinghamshire Mini Safeguarding Assessment Audit, being classed as fully compliant as well as the primary care quality dashboard, which was developed to standardise quality and safety across Nottinghamshire.
- There were well-embedded arrangements to identify record and manage risk within the practice including the implementation of mitigating actions.
- A thorough understanding of the performance of the practice was maintained and the practice engaged regularly with the clinical commissioning group (CCG) and other local practices in the area to ensure services for patients were developed.

Leadership and culture

The leadership drove continuous improvement, staff were accountable for delivering change and there was a clear, proactive approach to seeking out and embedding new ways of providing patient care. The partners in 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. There was a strong common focus across all staff on improving quality of care and patients experiences. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Are services well-led?

Outstanding



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

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 practice encouraged a culture of openness within the practice and we saw that when things went wrong there were systems in place to ensure affected people received support, information and appropriate apologies.

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

- Staff told us the practice held regular team meetings. For example, staff met on a weekly basis to discuss issues and changes. These meetings were attended at least once per month by a partner to ensure effective communication.
- Feedback from staff was that the changes in a GP Partner becoming a managing partner had been instrumental in bringing individual staff and groups of staff together within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us they were proud to be part of the organisation and expressed high levels of satisfaction. They said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff often socialised together at events organised by Partners or other staff and a GP Partner was running 100 miles to raise funds for a local family who have been patients of the practice for several years.

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

The practice encouraged rigorous and constructive challenge, and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service, for example:

- The Partners used their revalidation process to each undertake a General Medical Council approved '360 degree questionnaire'. The scores were benchmarked against others in the profession and each GP scored in the upper quartile range for both patient and colleague

feedback. This included areas such as explaining conditions, involvement in treatments, honesty, clinical knowledge, treatment, recordkeeping and team working.

- The practice had developed a palliative care questionnaire to assess the quality of palliative care provision, sent out to all patients on the gold standard framework register. Responses showed the practice exceeded expectations and comments were positive and included that the staff were like family at a time when they were needed the most and that staff could not have done anything more for them. Areas covered included providing support, respecting and maintaining dignity and involvement in decision making.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and compliments, concerns and complaints received.
- The PPG was active and had a core group of 12 members who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in partnership with a neighbouring practice the PPG bid for funding to undertake a community based healthy living event which included the objectives of 'eat well, move more, live longer'. The events were well attended and specifically aimed at 150 children in a school environment between the ages of 4-11. Feedback from the events was positive and teachers felt that children had enjoyed trying new fruit and vegetables.
- The practice had gathered feedback from staff through meetings, appraisals an annual staff questionnaire and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were empowered to improve processes such as the practice nurses engaging with the neighbouring practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

Are services well-led?

Outstanding



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

- Working collaboratively with a neighbouring 'outstanding' practice to share operational functions and staffing roles and hold joint nurse meetings every eight weeks to share learning at a wider level.
- There was a commitment to education within the practice in respect of teaching and training medical students and GP registrars. The practice embraced GP registrars who had struggled in their final year elsewhere and made every effort to support them with additional time with the practice and development from the partners to ensure the adequate level of competency was achieved.
- The practice had participated in a structured apprentice programme for young adults aspiring to work in primary care and had one apprentice currently working at the

practice and two permanently employed members of staff who had previously been apprentices through the scheme. They told us that the practice had supported them through training and development and once permanently employed continued to develop their roles as opportunities arose.

The practice was looking at how they could continue to improve services and had plans in place to implement the following initiatives:

- Engaged with the national pilot for clinical pharmacists in General Practice to establish the role locally.
- A GP partner was involved in the redesign of the community matron service as part of their role as Care Home Clinical Lead for the CCG.