Elmswood Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

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 7

What people who use the service say 13

Detailed findings from this inspection

Our inspection team 14

Background to Elmswood Surgery 14

Why we carried out this inspection 14

How we carried out this inspection 14

Detailed findings 16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elmswood Surgery on 1 June 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and near misses, and we saw evidence that learning was applied.
- The practice used proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, education courses for patients with long term conditions such as diabetes and working with the local diabetes specialist nurse to improve the wellbeing of patients.
- There was easy access to appointments for patients with a range of appointments on offer including telephone consultations. The practice had invested in increasing the number of appointment telephone lines reducing, reducing waiting times for patients calling to book appointments or speak to a GP. This was evident from the above average patient satisfaction results from the national survey.
- Feedback from patients about their care was consistently positive. Data from the GP survey was consistently high and this included confidence in care provided by GPs and nurses, where 98% of patients surveyed said they had confidence and trust in the last GP they saw or spoke to, and 100% of patients felt the same about the nurses.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care to keep vulnerable patients safe.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- Services were tailored to meet the needs of their patients, particularly vulnerable patients. We saw

Summary of findings

evidence of good practice in encouraging cervical smears in patients with learning disabilities. Patients were offered a settling in appointment in addition to longer appointments of 40 minutes.

- The practice actively reviewed complaints to see if there were any recurrent themes, and identified issues where learning could be applied to improve patient experiences in the future.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was documented and reviewed by the management on a regular basis.
- The practice had strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the partners.

We observed some outstanding features in the following area:

The practice used clinical audits to drive improvements in the provision of cervical smear tests in eligible women with learning disabilities registered at the practice. Results showed an increase in uptake from 16% in 2015 to 36% in 2016, with all eligible patients having been reviewed and reasons recorded for exclusions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system was in place for reporting and recording significant events.
- These were investigated and lessons were shared at team meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- Risks to patients were recognised by all staff and were well managed. The practice had systems in place to deal with emergencies, and arrangements for managing medicines were robust.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing consistently in line with local practices on QOF . Patient outcomes for indicators such as heart failure and mental health were better than the local CCG averages.
- Clinical audits demonstrated quality improvement. The practice had undertaken 19 audits in the last year, four of which were second cycle audits, with more planned to be repeated this year.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Formal

Summary of findings

multidisciplinary meetings were held monthly to discuss patients at high risk of admission to hospital, and informally discussed on an almost daily basis with the community matrons who are based in the same building.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 89% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 81% and national average of 82%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This aligned with feedback from completed comment cards.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were strongly positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises such as the counselling service. Patients were encouraged to self-refer to the service as well as to podiatry and physiotherapy services.
- Flu clinics were offered on Saturdays to facilitate access for working patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a well engaged patient participation group (PPG) which influenced practice development. The PPG met monthly and made suggestions for improvements to the practice.
- The practice was committed to education and plans were in place to take on research projects.
- The GPs sat on a number of local and national health committees where they were able to influence decisions on health care affecting their patients.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice had a slightly higher elderly population with 20% aged over 65, compared to a national average of 17.1%. They offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, same day telephone appointments and urgent appointments for those with enhanced needs. Phlebotomy home visits were offered where required.
- There were approximately 65 patients registered with the practice who were resident in eight care homes for the elderly, with needs ranging from neurological, mental health and nursing care. Feedback from one care home indicated a named GP carried out regular review visits and responded to urgent requests promptly when required to ensure continuity of care.
- The care home told us the GPs worked effectively with multi-disciplinary teams including district nurses, dieticians and local mental health teams to ensure patient needs were met and referrals to other services were made promptly.
- All over 75s had a named GP for continuity of care.
- Practice supplied data showed 2159 patients were given flu vaccinations. This included 67% of patients aged 65 and over.
- Shingles vaccination clinics were offered to patients over 70 years old.
- The practice had good access for wheelchairs and height adjustable couches for patients who may need them.

People with long term conditions

Good

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

- The practice had a recall system for patients with long term conditions, audited on a monthly basis to identify patients who are due for a review.
- A structured annual review was carried out to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- All clinical staff had lead roles in specific disease areas for chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was evidence of coordinated care with multi-disciplinary teams between the nursing staff and community matrons, diabetic specialist nurses and heart failure nurses to improve the outcomes for the patients.
- There were a large number of leaflets providing education and self-care advice and patients were directed to online resources. The practice actively encouraged patient education sessions for patients with conditions such as diabetes, for example, a type 2 diabetes insulin course. A specialist diabetes nurse visited the practice monthly to review complex patients and provide support to the nursing staff.
- QOF achievement on indicators for diabetes was consistently in line with CCG averages. For example, the percentage of patients with diabetes on the register who had their blood pressure taken within the preceding 12 months was 89.5%, compared to a CCG average of 89.1% and national average of 91.4%.
- QOF achievement on indicators for atrial fibrillation and chronic obstructive pulmonary disease were broadly in line with national averages. The practice achieved 100% on atrial fibrillation, compared to a CCG average of 97.2% and national average of 98.5%. Their exception reporting rate was 12.2%, comparable to a CCG average of 15.2% and national average of 11%.
- Longer appointments and home visits were available and offered when needed.
- The practice promoted self-referral to services such as podiatry, physiotherapy and psychological therapies, whose clinics were offered in the practice premises.

Families, children and young people

Good

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

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice held meetings every three months with the health visitor, and also reviewed any children on a child protection plan at their clinical meetings.
- Immunisation rates were consistently above the CCG averages for standard childhood immunisations. Vaccination rates for

children under two years old ranged from 93.1% to 99% compared against a CCG average ranging from 91.1% to 96.3%. Vaccination rates for five year olds ranged from 91.4% to 97.8%, compared to the CCG average of 86.9% to 95.4%.

- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.
- A joint weekly baby clinic was offered with a GP, nurse and health visitor present. This allowed mothers and babies attending for the eight week check to have their post-natal check, baby check and first immunisation done in one visit. In addition, a three week post-natal check appointment was offered to ensure contraception, physical and mental health needs of new mothers were attended to.
- There was a full range of family planning services offered including fitting of intra-uterine devices (coil) and contraceptive implant fitting.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments at the end of every morning surgery.
- Flu clinics were offered on Saturdays for the convenience of working patients.
- The practice was proactive in offering online services such as online prescription requests, appointments, and accessing medical records. Staff told us there was high usage of online access to appointments. Appointments could be booked up to four weeks in advance.
- Mobile phone text reminders were used for appointments, including the option to cancel an appointment via text.
- There was a full range of health promotion and screening information in the practice that reflects the needs for this population group. Services offered from the premises included

phlebotomy, sexual health, dermatoscopy and minor surgery provided by the practice in-house, and ultrasound, physiotherapy, diabetes education, and counselling provided by commissioned services.

- The practice's uptake for cervical screening for eligible patients was 81.4%, which was in line with the CCG average of 81.3% and the national average of 81.8%. Breast and bowel cancer screening data was broadly in line with CCG and national averages.
- There was an active PPG affiliated to the National Association for Patient Participation, who held monthly meetings which alternated between afternoon and evening to allow working patients to participate. There was also a virtual group of approximately 150 patients.
- There were services tailored to the needs of younger patients. For example, the practice offered a meningitis vaccination for students going to university for the first time up to 25 years old. There was a greater demand for urgent appointments from this group, therefore the practice offered them appointments in the same session they had made their request. For example, if a patient telephoned for an appointment in the morning, an appointment would be made for them during the course of the morning on the same day.
- A sexual health check including chlamydia screening was offered to 15 to 24 year old patients.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They had significantly higher numbers of patients with learning disabilities and patients in residential care compared to local practices.
- Practice supplied data indicated there were 80 patients on their learning disabilities register, and 94% had been reviewed in a face to face appointment in 2015/16.
- Patients with a learning disability were telephoned to invite them for a review, instead of writing to them. The practice routinely offered them a settling in appointment and longer appointments of 40 minutes with a practice nurse followed by 20 minutes with a GP for the review. Referrals were made to a Learning Disabilities Nurse as appropriate to support patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Formal multidisciplinary meetings were held monthly to discuss patients at high risk of admission to hospital, and informally discussed on an almost daily basis with the community matrons who are based in the same building.

- GPs told us they made regular updates to the electronic notes used by the out of hours service for end of life care patients to ensure other health professionals seeing them had the most up to date information at all times.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All staff had received training in domestic violence.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment and an interpreter could be arranged for those who could not speak in English through Language Line.
- There were no homeless patients registered with the practice although staff told us they would register homeless patients if they presented themselves and offer them the practice address for their correspondence.

People experiencing poor mental health (including people with dementia)

Good

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

- There were 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national averages of 84% in 2014/15.
- Practice supplied data indicated 96% of patients with severe mental illness had their care reviewed in a face to face meeting in 2015/16.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, for example Nottingham Wellbeing and Recovery College.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients were encouraged to self-refer to counselling services. Patients requiring regular follow up were seen by a psychiatrist who held regular clinic in the premises.
- There were clinics by Last Orders Alcohol Service provided once a month from the practice premises.
- The PPG had engaged the Alzheimer's Society to provide a talk to raise awareness of mental health services.
- Information on drug and alcohol services was available in the reception area.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 262 survey forms were distributed and 118 were returned. This represented a response rate of 45%.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 95% of patients described the overall experience of this surgery as good compared to the CCG average of 84% and national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and 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 19 completed comment cards, all of which were entirely positive about the care and attention received from the whole practice team. We spoke to five patients who were also members of the PPG. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness, especially by the whole practice team.

The results of the practice Friends and Family test taken last year were very positive with 98% of respondents saying they would recommend the practice to their friends and family.

Elmswood Surgery

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 and a practice manager specialist adviser.

Background to Elmswood Surgery

Elmswood Surgery provides primary medical services to approximately 9000 patients through a general medical services (GMS) contract. The practice is located in close proximity to Nottingham city centre, serving the suburban population of the Sherwood area.

The practice was formed in 1948 at the beginning of the NHS. It has been located within premises owned by NHS Property Services since 1986 which are shared with other local community health services.

The practice deprivation scores indicated people living in the area were significantly less deprived than the CCG average, but in line with the national deprivation average. Data shows proportion of patients aged 65 years and above registered at the practice is slightly higher than the national average, and the proportion of 0 to 40 year olds is broadly in line with local and national averages.

The practice team comprises six GP partners, four practice nurses, a healthcare assistant, a phlebotomist, a practice manager and the administrative/reception team. There are three female GPs and three male GPs. It is a training practice for doctors training to become GPs and currently has one GP registrar.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointment times start at 8.30am and the latest appointment offered at 6.15pm daily. The practice does not provide the extended hours service.

When the surgery is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

Why we carried out this inspection

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

How we carried out this inspection

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

- Spoke with a range of staff (GPs, nurse, 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.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at meetings held every three months. Staff told us they felt comfortable with raising concerns at any time. Minutes were recorded and shared with the practice team.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, when a child was given the same vaccination twice, the practice acted immediately by contacting the vaccine manufacturer to establish if there was any harm to the patient. The child's parent was immediately informed, an apology given and was given an opportunity to discuss the event. An investigation found the problem arose when the practice changed its computer system, and some information had not transferred in the right format.The event was discussed with colleagues and systems were reviewed to ensure alerts were entered on the system to ensure the correct templates were completed when a vaccine was given.
- The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions. We saw evidence of clinical audits instigated as a result of a significant event.

Overview of safety systems and processes

The practice demonstrated they 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. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Bi-annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA). There was evidence of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe. There were clinical audits undertaken following receipt of alerts.

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date through clinical meetings and emails circulated by the practice manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence of regular meetings with the nursing team where new guidelines were discussed as a standing item at each meeting.

GPs and nurses had specific areas of expertise, such as minor surgery, sexual health and cervical cytology, which were utilised to ensure new evidence based techniques and treatments were used to support the delivery of high quality care and acted as a resource to their colleagues.

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 showed that the practice had achieved 96.2%. This was higher than the CCG average of 91.5% and the national average of 94.8%. Their exception reporting rate was 8.7% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). A review of the exception reporting data showed that the practice was following guidance in relation to excepting patients. The practice told us they their QOF performance had improved to 98.6% for 2015/16 (unpublished results), and attributed their success to their recall system for people with long term conditions.

Performance in all areas was above local averages, and in line with national averages. Data from 2014/15 showed:

- Performance for diabetes related indicators was 90.8%, which was above the CCG average of 79.1% and the national average of 89.2%. The exception reporting rate for diabetes indicators was 9.6%, which was in line with the CCG average of 9.8% and national average of 10.8%.
- Performance for mental health related indicators was 100%, above the CCG average of 88.7% and the national average of 92.8%. The exception reporting rate was 18.9%, which slightly higher than the CCG average of 10.5% and national average of 11.1%.
- Performance for hypertension related indicators was 100%, better than the CCG average of 97.4% and national average of 94.5%. The exception reporting rate was 3%, in line with the CCG average of 3.7% and the national average of 3.8%.

  Clinical audits were undertaken within the practice. A log was kept showing numerous audits in varied areas which had been undertaken since 2002.
- There had been 19 clinical audits undertaken in the last year. Four of these were completed audits where the improvements made were implemented and monitored. For example, an audit was completed to review the provision of cervical smear tests in women with learning disabilities registered at the practice. The practice recognised the difficulties in assessing the appropriateness of undertaking the tests. They discussed the tests with eligible patients at their annual health check appointment and referred them to a Learning Disabilities Nurse to help them make a decision. The audit was repeated a year later and results showed there was an improvement in the number of eligible women who were offered a smear test as well as the number of women who had the test done.
- Another audit had been carried out on the prescribing of sitagliptin, a new medicine for patients with type 2 diabetes, to check if NICE guidance was being followed appropriately. The results indicated improvement in the management of patients taking the medicine.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews.

Good

Are services effective?

(for example, treatment is effective)

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care. The practice regularly assessed their performance in areas such as admissions and referrals. For example, between February 2014 and January 2015:

- An average of approximately 250 patients per 1000 attended the Accident and Emergency (A&E) department, compared to a CCG average of approximately 320 patients per 1000. The practice was ranked sixth out of 60 practices for A&E attendances. The low A&E attendances despite the practice's close proximity to two local hospital sites suggested patients had good access to urgent appointments at the practice.
- An average of approximately 70 patients per 1000 emergency admissions came from the practice, compared to a CCG average of approximately 90 patients per 1000. The practice was ranked fifth out of 60 practices for emergency inpatient spells.

Vulnerable patients at risk of admission to hospital were managed proactively through the unplanned admissions register enhanced service. Under this service, all visit requests from patients on the register were triaged promptly and arrangements in place to ensure they were seen as appropriate. They were discussed at the multidisciplinary meetings attended by a GP, community nurse, community matron and care coordinator with actions recorded for each patient.

Effective staffing

We saw staff had a range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, protected learning time, clinical supervision and facilitation and support for revalidating GPs and nurses. They had access to on-line training specific to their training needs and given specific time set aside to undertake this training. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records 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. The practice made use of the close location proximity with the community teams by making referrals promptly and discussing them in person.
- The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The clinical system at the practice had remote viewing enabled so that the GP Out of Hours service could access clinical information and the surgery was one of the first practices to implement this in Nottingham.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt and patients were informed in a timely manner if the initiating GP was away from the practice.
- Staff told us they worked collaboratively and were supported by the community care coordinator, district nursing team and community matrons and met regularly to coordinate care. We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF), Nottinghamshire Electronic Palliative Care

Good

Are services effective?

(for example, treatment is effective)

Co-ordination Systems (ePaCCs) register and Special Patient Notes to ensure effective communication between agencies including the Ambulance Service and out of hours GP service.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs 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. We saw evidence of meetings with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw evidence of completed consent forms for minor surgery procedures.

Supporting patients to live healthier lives

Staff were proactive in identifying patients who may be in need of extra support to live healthier lives and promote their health and wellbeing. For example:

- A self-help book was available in the reception area for all patients which contained information on numerous organisations who provide health and wellbeing support. Patients were encouraged to make direct contact with the organisations where possible.
- The practice offered NHS health checks and alcohol screening to encourage healthy lifestyles and early detection of any potential long term conditions. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance.

The practice's uptake for the cervical screening programme was 81.4%, which was comparable to the CCG average of 81.3% and the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the proportion of patients who were screened for breast cancer in the previous 36 months was 73.9%, compared with a CCG average of 70.4% and a national average of 72.2%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Practice supplied data indicated 83 patients had accessed New Leaf smoking cessation services and 31 of them had quit smoking.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.1% to 99% (CCG range from 91.1% to 96.3%) and five year olds from 91.4% to 97.8% (CCG range from 86.9% to 95.4%). The practice attributed their success to their active recall system and easy access to appointments.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 19 completed comment cards, all of which were entirely positive about the care and attention received from the whole practice team. There was a common theme around patients being listened to and given enough time during appointments. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Feedback from patients who used the service, carers and community teams was continually positive about the way staff treated people. Examples included:

- All GPs attended multi-disciplinary meetings to discuss patients at risk of admission, and demonstrated extensive knowledge of their individual patients.
- The reception staff greeted patients by name and were always polite and friendly.
- Examples of staff going the extra mile to help patients in distress by visiting patients out of hours and delivering referral letters at home.
- New patient checks were encouraged, resulting in early diagnosis and treatment of cancer in one case.
- GPs were described as approachable, respectful and very caring when treating patients in care homes.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores above national averages. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time, which was above the CCG and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG and national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 100% of patients had confidence and trust in the last nurse they saw or spoke to, compared to the CCG and national averages of 97%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. Patients felt referrals were made appropriately and they were educated in the management of their long term conditions. We also saw that care plans were personalised.

The practice cared for patients from different backgrounds and differing lifestyles, some of whom had significant challenges with compliance with care. However, the practice actively engaged all patients.

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

Good

Are services caring?

- 93% of patients said the last GP they saw was good at explaining tests and treatments, which was above the CCG and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and 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 86% and the national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language and used sign language services for deaf patients. We saw some leaflets in different languages in the reception area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health. Information about support groups such as Carers Federation, Fit for Work referral service, New Leaf and Physiotherapy service was displayed.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients as carers (0.8% of the practice list); 74 of them had been seen at by a GP or nurse in the last year. They were offered information about support groups at registration and routinely offered flu vaccinations. The practice dedicated a carers section on their website to encourage carers to identify themselves, and there were posters in the waiting room providing contact details for carers support groups.

Staff told us they were confident in recognising people in difficulty and those who could not cope with making appointments, allowing them to present themselves at reception and then ask the GPs to fit them in where possible.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone. Staff kept a board in the reception area where they recorded recent deaths and coded bereavement on the relatives' records to ensure they were offered support if they presented at the practice.

Good

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.

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered a range of appointments which included telephone appointments, same day urgent and pre-bookable appointments. There were no closures at lunch time, allowing patients access to the practice all day. Routine appointments could be booked up to four weeks in advance. There were telephone appointments at the end of every morning surgery.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Patients were encouraged to self-refer for counselling services, as well as podiatry and physiotherapy, whose clinics were offered in the practice premises.
- Patients considered to have pre-diabetic conditions were referred to local education courses in diabetes through local dieticians to manage their conditions and improve their outcomes.
- 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 with medical problems that required same day consultation with an on call doctor. Drop in baby clinics were also offered on Tuesday afternoons.
- Patients were able to receive travel vaccinations available on the NHS. Patients in need of other vaccines which were only available privately were referred to other clinics.
- There were disabled facilities and translation services available when required.
- Flu clinics were offered on Saturdays to facilitate access for working patients.
- Services offered from the premises included phlebotomy, sexual health, dermatoscopy and minor surgery provided by the practice in-house, and ultrasound, physiotherapy, diabetes education, and counselling provided by commissioned services.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointment times started at 8.30am and the latest appointment was offered at 6.15pm daily. In addition to pre-bookable appointments that could be booked up four weeks in advance for the GPs, urgent appointments were available for people who needed them. Patients could access appointments online and request repeat prescriptions using the electronic prescriptions service and over the telephone.

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

- 80% of patients were satisfied with the practice's opening hours, compared to the CCG average of 77% and the national average of 75%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 89% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 83% and the national average of 85%.

The practice invested in increasing the number of appointment telephone lines following feedback from patients regarding the length of time spent trying to get through to the practice by phone. Feedback from patients we spoke to indicated they were able to get appointments when they needed them, and they were happy with the telephone appointments offered.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in the reception area.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken to as a result to improve the quality of care. For example, the GPs take extra care to emphasise safety advice given during telephone appointments, following a complaint from a patient, to ensure patients understood what to do if their condition worsened. Apologies were given to people making complaints where appropriate. Complaints were discussed at meetings so that any learning is shared and changes to policies and procedures are implemented as a practice team.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. All GPs were in partnership, an arrangement which promoted stability of the team, and there was evidence of succession planning to maintain this structure for the foreseeable future.

- The practice had a mission statement centred on providing high quality services to all patients.
- The managers looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing additional locum doctors. Staff were trained for multiple roles to build resilience within the team.
- Staff complement was stable and the practice did not face difficulties in recruiting to cover vacancies and pending retirements.
- The practice website and a printed practice newsletter were used to keep patients informed of any changes within the practice, including changes to the practice strategy.

Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. There was an appointed governance lead who supported the practice on governance issues. The governance framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All staff had clear responsibilities in both clinical and non-clinical areas.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- Nursing staff attended clinical meetings with the GPs on a regular basis and had supervision to support in their roles. Staff told us they were supported in their training and revalidation.
- GP partners met daily to discuss any issues arising relating to patients and the practice.
- Practice specific policies were implemented and were available to all staff on a computer shared drive. We saw there were various meetings held between the different staff groups in addition to the whole practice meetings held quarterly where policies and changes were discussed.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had undertaken over 19 clinical audits in the last two years. Topics of audits were relevant to the care being provided by the practice and were used to drive improvement for the practice.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. These skills were used in providing care to patients within the practice. One of GPs was co-author of the Nottingham Guidelines for Gynaecology in Primary Care 2013, which was due to be updated in the near future. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. Constructive challenges from patients, carers and staff were encouraged and complaints were acted on effectively. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence.

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

Are services well-led?

Good

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

- Staff told us the practice held regular team meetings between the staff groups and as a practice, which was evident from the minutes of meetings held. The practice manager attended all meetings with all administration staff, nursing staff and GPs 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. They did not feel that a hierarchical structure existed between them and the GPs.
- There was evidence of engagement with the local community. The practice maintained links with the local community and promoted activities such as days out for people who faced social challenges and local walking groups in the nearby park to encourage physical exercise.

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

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

- The practice had gathered feedback from patients through the national patient survey and carried out their own patient surveys on a regular basis. They reviewed the results at team meetings and discussed ways to continually improve the results, for example, increasing the number of telephone lines for appointments, and commend the team for positive results.
- Patient feedback was also gathered through the patient participation group (PPG), who reviewed patient surveys and feedback in order to submit proposals for improvements to the practice management team. The PPG had a membership of approximately 30 patients who attended monthly meetings. Minutes were recorded and shared with the virtual group of up to 150 and uploaded on the practice website to ensure they were accessible to all patients. There was a nominated GP who met with the PPG, although all GPs were welcome to attend the meetings.
- The PPG maintained links with other PPGs within the area and the CCG. They obtained community wide health and wellbeing information by inviting speakers from various organisations to their meetings, such cancer research, mental health, their local Member of Parliament and Healthwatch.
- Members of the PPG told us they had made suggestions for improvements, which had been acted on by the practice management. They felt engaged, involved and respected by the management. For example, in response to feedback from the PPG about poor telephone access, the practice implemented a new telephone system with additional lines and more receptionists answering calls at peak times. Waiting room furniture had been changed following feedback from the PPG.
- Feedback from staff was obtained through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt 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 and the wider local health community. The practice was committed to training and had been accredited as a training practice for 13 years and undergraduate teaching practice for over 20 years. They were accredited with the National Institute of Research and had plans to commence research. The PPG told us they were looking forward to their involvement in research projects.
- The GPs sat on various committees where they were able to influence decisions on health care services for patients locally and nationally, for example the Out of Hours service board, Urgent Care Strategy, Health and Wellbeing Board and the Advisory Committee on Resource Allocation.
- The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice were involved in developing and piloting an approach to managing prostate cancer in the community, which has been rolled out across Nottingham. At the time of the inspection they managed around 40 patients with the

Are services well-led?

Good

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

condition within the practice. The PPG were involved in promoting the screening of prostate cancer in Black and Ethnic Minority groups who are thought to be more likely to develop the condition.

- The practice demonstrated collaborative working with a local university in adopting a pilot programme on the use of a cancer risk tool, which was under consideration by the CCG for rolling out to other practices.
- The Practice Manager attended monthly meetings with the local practice managers, and had a long history of collaboration with local practices (and is a founder member of this group). She attended CCG board meetings, other locality meetings and the local clinical system working group. She has provided support to other practices during periods of absence.