

# The Linden Medical Group

## 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?	Requires improvement	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Linden Medical Group on 27 March 2015. The overall rating for the practice was rated as requires improvement and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection. The full comprehensive report on 27 March 2015 can be found by selecting 'all reports' link The Linden Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out a second announced comprehensive inspection at The Linden Medical Group on 12 December 2016 in order to assess improvements and the outcomes from their action plan. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Patients were recalled to ensure care was in keeping with best practice.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion and dignity, and staff were supportive and respectful in providing care, involving them in care and decisions about their treatment.
- Patients told us they were usually able to get urgent appointments on the same day with a clinician when they needed one; however it was not easy to get through to the practice telephone and to get appointments with a named GP.

# Summary of findings

- 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 and learning from complaints was shared with staff and stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However, there were also areas of practice where the provider should consider improvements.

- Continue to review and take steps to address areas of lower patient satisfaction feedback.

**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.

Good



- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system in place for reporting and recording significant events.
- The practice had effective processes in place to investigate significant events and lessons were shared at regular 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 effective.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing consistently in line with local practices on the Quality and Outcomes Framework (QOF). Patient outcomes for indicators such as diabetes and hypertension were better than the local CCG averages.
- 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. There were regular multi-disciplinary meetings with community matrons and care coordinators to discuss patients at risk of admission to hospital.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice nurses higher than the GPs for several aspects of care. For example, 94% of patients said the last nurse they saw or spoke to was good at treating them with care and concern, compared to the CCG average of 90% and national average of 91%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. There were carers leads who provided information and support to patients identified as carers.
- Views of external stakeholders were strongly positive and aligned with our findings.

Good



## Are services responsive to people's needs?

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

- Most patients said they found it difficult to get through to the practice by telephone and to get an appointment with a named GP. The practice had changed its appointments system a few weeks before our inspection, and there were plans to change their current telephone system. However, the changes were yet to be embedded and patient satisfaction had not yet improved.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a range of online services including access to appointments and ordering repeat prescriptions. Patients were encouraged to use the electronic prescription service which enabled them to have their prescriptions sent to their pharmacy of choice.
- The practice offered a range of services within its premises. Patients were encouraged to self-refer to the service as well as to psychotherapy services.
- 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.

Requires improvement



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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. Staff felt confident in communications with the provider organisation through the group practice manager.
- 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. Regular in-house surveys were undertaken and there was evidence of positive engagement with the patient participation group (PPG).

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice had 25% of their patients aged over 65 years old, compared to a CCG average of 20% and national average of 17%. They offered proactive, personalised care to meet the needs of the older people in their population.
- GPs and nurses were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice had registered patients living in five care homes where they provided general medical services, and four of the homes sat outside their CCG boundary. Feedback from the homes was mostly positive about the care and treatment received from practice. However, some staff told us they had difficulties getting through to the practice by telephone.
- Nationally reported data showed outcomes for conditions commonly found in older people were overall good. For example, performance on heart failure indicators was 97%, compared to the CCG average of 100% and the national average of 98%. The exception reporting rate was 6%, compared to the CCG exception reporting average rate of 9% and the national average of 9%
- Shingles vaccinations were offered to eligible patients including those over 70 years old.
- All patients above 75 years old had a named GP for continuity of care.

Good



### People with long term conditions

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. Patients were sent reminders in the month of their birthday to attend an annual check which incorporated a review of their long term conditions, and those who did not attend were followed up to book another appointment.
- Nursing staff had lead roles in chronic disease management with named GP leads for specific disease areas. Nurses had

Good



# Summary of findings

additional qualifications obtained in areas such as diabetes. Patients were assigned to the appropriately trained nurse to ensure they were managed effectively. Patients at risk of hospital admission were identified as a priority.

- QOF performance data for 2015/16 showed the practice achieved positive outcomes for most long term conditions, including chronic kidney disease, hypertension, and heart failure. The practice achieved 94% on rheumatoid arthritis, compared to the CCG average of 88% and the national average of 92%. The exception reporting rate was 8%, compared to the CCG average of 6% and the national average of 8%. However, performance was below average for some long term conditions such as asthma, chronic obstructive pulmonary disease and diabetes. The partners were aware of their performance and had reviewed coding inconsistencies to improving their recording of checks undertaken.
- Longer appointments and home visits were available and offered when needed.

## Families, children and young people

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 Accident and Emergency (A&E) attendances.
- The practice held monthly meetings with the health visitor and school nurse who were based in the same building, and also reviewed any children on a child protection plan at their clinical meetings.
- Childhood immunisations were provided on Wednesday mornings by the practice nurses. Immunisation rates were broadly in line with CCG averages for standard childhood immunisations. Vaccination rates for children under two year olds ranged from 86% to 99% (CCG range from 91% to 98%) and five year olds from 73% to 100% (CCG range from 87% to 98%).
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.
- The practice offered a full range of family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting.

Good





# Summary of findings

- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments.
- Flu clinics were held on Saturdays to accommodate people who would not be able to attend during the week, including working age patients and students.
- The practice was proactive in offering online services such as online prescription requests, appointments, and accessing medical records to view test results.
- There was a full range of health promotion and screening information in the practice that reflects the needs for this age group. Self-referral was encouraged for accessing services such as psychological therapies.
- The practice's uptake for cervical screening for eligible patients was 78%, which was slightly lower than the CCG average of 84% and the national average of 82%.
- Breast and bowel cancer screening data was broadly in line with CCG and national averages. For example, the proportion of patients who were screened for bowel cancer within six months of invitation was 64%, compared with a CCG average of 64% and a national average of 58%.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances who were flagged on the computer system to inform staff that the patients may need extra support.
- There were 41 people on the learning disabilities register and 36 had their care reviewed in a face to face meeting 2016/17. The remaining five patients had been invited for reviews to be undertaken before the end of March 2017.
- At our previous inspection on 27 March 2015, we found the practice needed to take more proactive steps to ensure patients

Good



# Summary of findings

with learning disabilities had annual health checks. These arrangements had significantly improved when we undertook a follow up inspection on 12 December 2016. An audit carried out by the practice on learning disabilities checks showed an improvement from 56% of checks carried out in the previous year, to 70% carried out in 2015/16. Staff told us they worked closely with the community learning disabilities specialist nurse to ensure their registers were up to date and no patients were missed.

- The practice offered longer appointments and during quieter periods for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice worked proactively with the multi-disciplinary healthcare team to ensure patients were supported in line with the gold standard framework for palliative 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.
- Staff told us they were aware of how to access interpreting for their patients with hearing impairment and an interpreter could be arranged for those who could not speak in English through a translation service. A hearing loop was available in the waiting room.
- The practice's computer system alerted GPs if a patient was also a carer. There were 128 patients on the carers register (1.5% of the practice list), and 111 of them had received flu vaccinations.

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

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

- Published data showed 79% of patients diagnosed with severe mental health conditions had a care plan documented and agreed with them in the preceding 12 months, compared to the CCG average of 91% and the national average of 89%. The exception reporting rate was 15%, in line with the CCG average of 15% and the national average of 13%.
- Published data showed 53% of patients diagnosed with dementia had a care plan reviewed in a face to face review in

Good



# Summary of findings

the preceding 12 months, compared to the CCG average of 85% and the national average of 84%. This was achieved with an exception reporting rate of 6%, in line with the CCG average of 5% and the national average of 7%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, and encouraged them to self-refer to psychotherapy services when needed.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. 221 survey forms were distributed and 114 were returned. This represented a response rate of 52% (approximately 1.3% of the total practice population). The results showed the practice was performing mostly below local and national averages.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 87% and national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 74% of patients described the overall experience of this surgery as good compared to the CCG average of 90% and national average of 85%.
- 60% 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 82% 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 35 completed comment cards; 26 of these were wholly positive about the care and attention received from the whole practice team. However, nine patients had mixed views, with some of them telling us it was not always possible to see a GP of their choice, and sometimes they waited for a long time to be seen after they arrived for their appointments. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness.

During our inspection, we also spoke to 11 patients including a member of the patient participation group (PPG). Feedback from all of them was positive about the care and treatment received at the practice. However, some patients told us they had difficulty getting through to the practice by telephone.

## Areas for improvement

### Action the service SHOULD take to improve

The provider should continue to review and take steps to address areas of lower patient satisfaction feedback.

# The Linden Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor, a second inspector and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

### Background to The Linden Medical Group

The Linden Medical Group provides primary medical care services to approximately 8650 patients, under a General Medical Services (GMS) contract agreed with NHS England. It is based in purpose-built premises within the Stapleford Care Centre located in Church Street, Stapleford, Nottingham, NG9 8DA. The premises are owned and managed by NHS Property Services. The practice had a branch surgery which closed in July 2016.

The practice is in the fourth less deprived decile meaning that it has a slightly lower proportion of people living there who are classed as deprived than most areas. Data shows the number of older people aged above 65 years registered at the practice is moderately higher than the local and national average.

There are six GP partners at the practice (four male and two female). In addition, the nursing team comprises of two practice nurses and two healthcare assistants. The clinical team are supported by two practice supervisors and an administrative team comprising of reception staff, an audit clerk and secretary. A pharmacist employed by another healthcare organisation is attached to the practice as part of a pilot scheme on a full time basis.

The practice is open between 8am and 6.30pm Monday to Friday. There are no closures at lunchtime except on Thursday when it is closed from 1pm to 4pm, and re-opens from 4pm to 6.30pm. Appointments start in the morning from 8.30am to 12.30pm, and in the afternoon from 3.20pm to 5.20pm. It does not provide the extended opening hours service.

Linden Medical Group has opted out of providing GP services to patients out of hours. During the evenings and at weekends an out-of-hours service is provided by Nottingham Emergency Medical Services (NEMS). Contact is via the NHS 111 telephone number.

### Why we carried out this inspection

We undertook a comprehensive inspection of The Linden Medical Group on 27 March 2015 as part of our new inspection programme. The practice was rated as requires improvement for providing safe, responsive and well led services. The concerns which led to these ratings applied across all the population groups we inspected. The full comprehensive report on 27 March 2015 can be found by selecting 'all reports' link The Linden Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We issued requirement notices to the provider in respect of employing fit and proper persons, receiving and acting on complaints and good governance. We informed the provider that they must provide us with an action plan to inform us how they were going to address the issues of concern. An action plan was received from the practice.

# Detailed findings

We undertook a further comprehensive inspection of The Linden Medical Group on 12 December 2016 to check that the actions had been completed to address the requirement notice, and confirm that the provider was compliant with legal requirements.

## 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 12 December 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice supervisors, administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Looked at information the practice used to deliver care and treatment plans.

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

**At our previous inspection on 27 March 2015, we rated the practice as requires improvement for providing safe services. We found that the registered provider had not fully assessed, mitigated and managed risks to service users receiving care and treatment. This included effective recruitment procedures, risk assessments in place for non-clinical staff undertaking chaperone duties and secure storage of confidential personal information and blank prescriptions.**

**These arrangements had significantly improved when we undertook a follow up inspection on 12 December 2016. The practice is now rated as good for providing safe services.**

### 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 supervisors of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place. The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions.
- 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 regular meetings for the various staff groups, and reviewed annually to reinforce learning and observe any trends. Staff told us they felt comfortable with raising concerns at any time. Minutes were recorded and kept on a shared computer drive so that they were accessible to all staff.
- 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. The patient was immediately informed, an apology given and was given an opportunity to discuss the 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 the appropriate level to manage child safeguarding (Level 3).
- There were notices in the waiting room and all consulting rooms advising 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). A list of staff who could act as chaperones was available for the GPs.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control 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. Quarterly 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 DBS checks.
- There were effective arrangements for managing medicines, including emergency medicines and vaccines in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing,

## Are services safe?

security and disposal). There were no controlled drugs kept on site. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was a register for patients on high risk medicines with the appropriate follow-up arrangements made by the GPs as appropriate under the shared care protocols. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Nursing staff were 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 demonstrating how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe.

### 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 children and adult 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 and a copy was kept off the practice site.



# 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. 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.

### Management, monitoring and improving outcomes for people

The nursing team led on chronic disease management within the practice, although there was a nominated GP for each disease area who kept oversight of the performance of the disease related clinical indicators.

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 80%, compared to a CCG average of 97% and a national average of 95%. They had an exception reporting rate of 6%, compared to the CCG average of 9% and the national average of 10% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). A review of some of the exception reporting data showed that patients had been appropriately managed.

Performance in most areas was in line with local and national averages. However, performance was significantly lower than local averages for asthma, cancer, chronic obstructive pulmonary disease, dementia, depression, diabetes, peripheral arterial disease and secondary prevention of coronary heart disease. Data from 2015/16 showed:

- Performance for diabetes related indicators was 69%, compared to the CCG average of 95% and the national average of 90%. The exception reporting rate for diabetes indicators was 7%, lower than the CCG average of 10% and the national average of 12%.
- Performance for mental health related indicators was 81%, above the CCG average of 98% and the national average of 93%. The exception reporting rate was 12%, higher than the CCG average of 12% and national average of 11%.
- Performance for hypertension related indicators was 94%, better than the CCG average of 98% and national average of 97%. The exception reporting rate was 2%, in line with the CCG average of 3% and national average of 4%.

GPs told us they reflected on their performance and found that computer coding inconsistencies whilst running the now closed branch surgery had affected their achievement, and steps were taken to ensure all clinicians were using the same codes.

Clinical audits were undertaken within the practice and used to drive improvements.

- A pharmacist employed by another healthcare organisation was attached to the practice as part of a pilot scheme, to provide medicines support on a full time basis. They carried out a number of medicines audits and brought any issues to the clinical meetings. There were approximately 12 audits carried out in 2015/16 by the pharmacist and GPs. However, none of these had been repeated with two complete cycles, with most of them due to be repeated in 2017. There had been two clinical audits undertaken in the last two months.
- One of these was a completed audit where the improvements made were implemented and monitored. Following a change in NICE guidelines for treatment of patients with atrial fibrillation, the practice carried out an audit to see how many patients were being treated in contract to the guidelines. The practice found 56 patients were on anti-platelet but not anticoagulation medicines, and 80% of them required a review to ensure they were on the appropriate medicines. The guidelines were circulated and

# Are services effective?

## (for example, treatment is effective)

discussed at clinical meeting, with plans for the pharmacist to review all patients identified. A repeat of the audit was planned for the next year to check if improvements had been made.

- 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. National prescribing data showed the practice's prescribing rates were in line with CCG averages.

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 monthly 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. All staff had received an appraisal within the last 12 months. Staff told us they were supported to develop

their careers and undertake external training qualifications if needed. Additionally, staff were allowed time off in lieu if they had undertaken online training at home.

- There was a good skill mix among the team. Staff were trained in dual roles to build resilience within the team and enable internal cover for absences.

### 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 based in the same building as the branch surgery by making referrals promptly and discussing them in person.
- Systems were in place linking the practice to the hospitals and the out of hours service providers enabling them to share patient information seamlessly.
- 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 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.

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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, 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 78%, which was above the CCG average of 84% and the

national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 63% of eligible patients were screened for bowel screening in the preceding 30 months, in line with the CCG average of 64% and national average of 58%. There were 78% of eligible patients screened for breast cancer in the preceding 36 months, compared to the CCG average of 80% and national average of 72%. 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.

Childhood immunisation rates for the vaccinations given were broadly in line with CCG averages. For example, For example, immunisation rates for children under two year olds ranged from 86% to 99% (CCG range from 91% to 98%) and five year olds from 73% to 100% (CCG range from 87% to 98%).

Patients had access to appropriate health assessments and checks. There were 666 patients aged 40 to 75 years who were offered an NHS health check, and 70% had attended the reviews. 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

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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 completed comment cards; 26 of these were wholly positive about the care and attention received from the whole practice team. Two comment cards from relatives of patients with disabilities highlighted that staff responded compassionately when they needed help and provided support when required. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness.

Feedback from patients who used the service, carers and community teams was continually positive about the way staff treated people. For example, they told us the reception staff greeted patients by name and were always polite and friendly.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores were moderately lower than local averages for feedback relating to GPs, but mostly positive relating to the nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 76% of patients said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.

- 86% 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%.
- 74% 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 national average of 85%.
- 89% 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 national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 98% and the national average of 97%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

In response to the feedback above, extra GP appointment slots were added to the morning surgery to give patients more access to GPs of their choice and to offer more double appointments. There were plans to use the clinical pharmacist to carry out appropriate medicines reviews to free up time for the GPs to see more patients.

### 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.

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments, which is the same as the CCG average of 88% and national average of 86%.

## Are services caring?

- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 77% 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%.

Staff told us that translation services were available for patients who required them and used sign language services for deaf patients.

### **Patient and carer support to cope emotionally with care and treatment**

A 'carer's corner' with patient information leaflets and notices was 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 was displayed.

The practice had two nominated carers leads who reviewed the list of patients identified as carers to keep it up to date

by contacting the patients, and offering them flu vaccination and health check appointments. They attended regular joint meetings with other practices and a local carers support organisation and updated their information packs.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 128 patients as carers (1.5% of the practice list), and 111 of them had received flu vaccinations. Feedback from a patient we spoke to on the day of inspection, who was also a carer, was positive about the support received from the practice. They told us they were asked about their wellbeing and offered flu vaccinations.

Staff told us that if families had experienced bereavement, their usual GP contacted them via telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Leaflets on bereavement services for both adults and children were available in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 27 March 2015, we rated the practice as requires improvement for providing responsive services in respect of having effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users.**

**These arrangements had significantly improved when we undertook a follow up inspection on 12 December 2016. However, we found significant concerns regarding access to appointments. At the time we undertook the follow up inspection, the national patient survey results published in July 2016 showed the practice remained below average for indicators related to responsive care. The practice remains rated as requires improvement for providing responsive services.**

### 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 was signed up to the CCG's Engaged Practice Scheme. Under this scheme, the practice led a pilot on extending morning clinics to see if this would improve access to GP appointments and enable them to manage their home visit requests. This was ongoing.

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 longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone text reminders were used to remind patients when they had booked appointments and invite them for medical reviews and flu vaccination.

- There was a range of online services including access to appointments and ordering repeat prescriptions. Patients were encouraged to use the electronic prescription service which enabled them to have their prescriptions sent to their pharmacy of choice.
- A pain management clinic was hosted by the practice. Additional services were provided in the same building, and were accessible to patients via referral from the practice and self-referral.
- Flu clinics were held on Saturdays to accommodate people who would not be able to attend during the week, including working age patients and students.
- Phlebotomy clinics were provided on Tuesdays and Wednesdays by the practice. Patients who could not attend on those days would be referred to a community phlebotomy service offered in the same building and home visits were arranged for housebound patients.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available when required.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. There were no closures at lunchtime except on Thursday when it was closed from 1pm to 4pm, and re-opened from 4pm to 6.30pm. Appointments started in the morning from 8.30am to 12.30pm, and in the afternoon from 3.20pm to 5.20pm. Nurse appointments were available from 8am.

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

- 67% of patients were satisfied with the practice's opening hours, compared to the CCG average of 82% and the national average of 76%.
- 66% 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%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 83% 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 89% and the national average of 85%.
- 27% of patients said they usually get to see or speak to their preferred GP, compared to the CCG average of 69% and the national average of 59%.
- 48% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 69% and the national average of 65%.

The practice participated in the CCG's Engaged Practice Scheme, which included a quarterly review of their access through a Mystery Shopper exercise. Results from the exercise carried out in September 2016 found that patients were consistently able to access pre-bookable appointments within five working days since April 2016.

The majority of the completed CQC comments cards were positive about access to appointments. However, nine patients had mixed views. Four of these said sometimes they waited for a long time to be seen after they arrived for their appointments. Other less positive views were that was not always possible to see a GP and they did not understand the appointments system.

In response to the patient survey results above, the practice introduced a new appointments system in November 2016 to offer pre-bookable appointments and urgent appointments to patients. Prior to this, the practice offered majority same day appointments, therefore patients had to telephone at 8am to access morning appointments available that day. The new system meant that all appointments were available to book three or six days in advance, allowing patients who needed to see a GP that day for urgent appointments or to request home visits to get through on the phones quicker. The practice hoped the change would also allow patients more availability in seeing a GP and also more chance of them being able to see the GP of their choice. Pre-bookable appointments could be booked up to one month in advance for the GPs.

Two comment cards stated they had noticed a positive change in the appointments system and it was now easier to book appointments. Three out of the 11 patients we spoke to on the day of inspection told us access to appointments had improved since the new system had been initiated.

We observed patients being told that there was a long wait when one of the GPs was running late.

The practice told us they had experienced problems with their telephones for several years. The telephone lines were owned by NHS Property Services, whom the practice worked with together with IT services to find a suitable solution. They had tried different systems, including a faulty system which did not alert patients that the telephones were engaged at busy times. A patient survey on the new appointments system was planned in the near future. Additionally, there were plans to offer the extended opening hours service from April 2017 offering a mixture of morning and evening appointments.

Data supplied by the CCG showed 16% of patients were enabled to use online services, above the target of 10%. However, only 3.4% of patients had booked an appointment online. The practice was working with their PPG to encourage the use of online appointments access in light of the ongoing problems with telephone access.

The steps taken were still being embedded and patient satisfaction had not yet increased.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area, including a complaints leaflet.

There 14 complaints received from January to December 2016 by the practice. We looked at six of the complaints and found these were satisfactorily handled and dealt with in a timely way. Apologies were given to people making complaints where appropriate. 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, complaints were

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

discussed at practice team meetings and reviewed at an annual meeting 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

**At our previous inspection on 27 March 2015, we rated the practice as requires improvement for providing well-led services in respect of good governance. We found that the registered person did not always maintain accurate and contemporaneous records in respect of staff and the management of regulated activities. Additionally, the practice's auditing systems and governance arrangements needed to be strengthened to ensure they were effective.**

**These arrangements had significantly improved when we undertook a follow up inspection on 12 December 2016. The practice is now rated as good for providing safe services.**

### 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 centred on providing high quality, safe and effective primary health services within a learning environment. This was displayed in the waiting room. The priorities for the next year were documented and shared with all staff. The partners did not anticipate any staffing changes through retirement in the near future and were committed to building a stable team.
- The partners acknowledged the significant challenges to delivering their vision. There was a steady decline in the patient list size from 11460 in September 2012 to 8650 in December 2016. The practice list reduced by 1500 patients in 2016 with the consultation and subsequent closure of their branch surgery. Despite the financial constraints this presented, the partners had kept all staff after the closure and remained committed to increasing its list size.
- The practice was paired with another practice in the same building as part of a buddying initiative. There were regular meetings held to discuss referral management and share best practice.

### Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. The 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.
- Practice specific policies were implemented and were available to all staff. We saw that there were practice meetings where policies and changes were discussed. Other meetings included weekly clinical meetings, monthly multi-disciplinary team meetings and monthly partners meetings.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- Statutory notifications were submitted to the Care Quality Commission (CQC) for notifiable incidents involving the police or coroner due to a patient's death and events which stop the provider from running the service. There were six notifications submitted since the previous CQC inspection.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to lead the practice and ensure high quality care. The clinical team had a range of experience and skills used in providing care to patients within the practice.

There was a clear leadership structure in place and staff felt supported by management. 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. Practice meeting days were changed to accommodate all staff.

# Are services well-led?

Good 

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

The partners led two public consultations before the closure of the branch surgery, receiving positive feedback from NHS England regarding how they conducted the closure. Staff had been involved in discussions and all staff had been kept on after the closure.

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. Some staff told us they had been supported during periods of illness.

The practice supervisors attended premises meetings held by NHS Property Services and reported to them building-related issues affecting their service. Additionally they attended local practice manager forum meetings and other CCG led meetings to keep the practice abreast with any changes.

Constructive challenge 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.

## **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.

- There was an 'online suggestion box' available on the practice website, in addition to a physical box which was placed in the waiting room.
- The practice had gathered feedback from patients through the national patient survey, the NHS Friends and Family test 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 and commend the team for positive results.
- The practice engaged positively with their patient participation group (PPG). The group met monthly in the evening with 10 to 15 members in attendance including one of the practice supervisors and a GP. There was a display board in the waiting room with information on how to join the group and minutes of meetings were available on the practice website.
- Feedback from the PPG was positive about their interactions with the management and staff. They told us the partners had involved them in the public consultations on the closure of the branch surgery and their views were sought on communications with patients. The PPG proactively engaged with IT services to find appropriate solutions for the practice telephone system.
- A member of the group told us felt they were able to influence change at the practice. For example, they suggested raised chairs in the waiting room for patients who required raised seating and secured a hearing loop upgrade for the whole building upon discovering that the one in the practice did not work.
- The practice had gathered feedback from staff 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.